

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006253

**FILED**  
**May 01, 2004**  
**Secretary of State**

**Entity Name:** WILLIAMS INVESTMENT GROUP, L.L.C.

**Current Principal Place of Business:**

5701 WEST LAKE BUTLER ROAD  
WINDERMERE, FL 34786

**New Principal Place of Business:**

13786 BLUEBIRD POND ROAD  
WINDERMERE, FL 34786 US

**Current Mailing Address:**

5701 WEST LAKE BUTLER ROAD  
WINDERMERE, FL 34786

**New Mailing Address:**

13786 BLUEBIRD POND ROAD  
WINDERMERE, FL 34786 US

FEI Number: 59-3653222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, DARAND  
5701 WEST LAKE BUTLER ROAD  
WINDERMERE, FL 34786 US

**Name and Address of New Registered Agent:**

WILLIAMS, DARAND  
13786 BLUEBIRD POND ROAD  
WINDERMERE, FL 34786 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DARAND WILLIAMS

05/01/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WILLIAMS, DARAND  
Address: 5701 WEST LAKE BUTLER ROAD  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WILLIAMS, DARAND  
Address: 13786 BLUEBIRD POND ROAD  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DARAND WILLIAMS

MGRM

05/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date