

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007102

FILED
Jan 29, 2007
Secretary of State

Entity Name: WILLIAMS, RISTOFF & PROPER, P.L.C.

Current Principal Place of Business:

6131 US HWY. 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

6131 US HWY. 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3653653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISTOFF, DAVID R
6131 US HWY. 19
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, STEPHEN R
Address: 6131 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: RISTOFF, DAVID R
Address: 6131 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: PROPER, STEVEN A
Address: 6131 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEPHEN R. WILLIAMS

MGRM

01/29/2007

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