

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007102

FILED  
Jul 08, 2008  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

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 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

07/08/2008

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