2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/9/2(

FILED
Jul 26, 2004 8:00 am
Secretary of State
07-09-2004 90092 022 ****50.00

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1. Entity Name
CHARLOTTE M. WILLIAMS, P.L.

Principal Place of Business	Mailing Address
3403 TECHNO LOGICAL AVE., STE 12 ORLANDO, FL 32817	3403 TECHNO LOGICAL AVE., STE 12 ORLANDO, FL 32817

34009518

02262004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3688940
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired — ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CHARLOTTE M
3403 TECHNO LOGICAL AVE., STE 12
ORLANDO, FL 32817

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	~~MBR~~ Managing Member and member
NAME	WILLIAMS, CHARLOTTE
STREET ADDRESS	~~654 BUENAVENTURA BLVD~~ 3403 Technological Ave. Suite 12
CITY-ST-ZIP	KISSIMMEE, FL 34743 Orlando 32817
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Charlotte Williams member Charlotte Williams 2/6/04 (407) 658-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #