


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90040 025 ****50.00

DOCUMENT # L01000000271 1. Entity Name MORRIS A. WILLIAMS, JR., P.L.																													
Principal Place of Business 3403 TECHNOLOGICAL AVE STE 12 ORLANDO, FL 32817			Mailing Address 3403 TECHNOLOGICAL AVE STE 12 ORLANDO, FL 32817																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number 59-3696800				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent WILLIAMS, JR, MORRIS A 851 BUENA VENTURA BLVD KISSIMMEE, FL 34743			7. Name and Address of New Registered Agent Name Morris A. Williams Jr Street Address (P.O. Box Number is Not Acceptable) 3403 Technological Ave; Suite 12 City Orlando FL Zip Code 32817																										
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 <u><i>Morris A. Williams Jr</i></u> DATE <u>4/5/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, JR, MORRIS A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3403 TECHNOLOGICAL AVE STE 12</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32817</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	WILLIAMS, JR, MORRIS A		STREET ADDRESS	3403 TECHNOLOGICAL AVE STE 12		CITY - ST - ZIP	ORLANDO, FL 32817		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Morris A. Williams Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>4/5/06</u> <small>Date</small>																									
<small>Daytime Phone #</small>																													