

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002816
 1. Entity Name
 WILLIAMS FUNERAL HOME OF GRACEVILLE, L.L.C.



Principal Place of Business: 5283 BROWN STREET, GRACEVILLE, FL 32440
 Mailing Address: PO BOX 337, GRACEVILLE, FL 32440



01262004 No Chg -LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3704432 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAKER, FRANK A
 4431 LAFAYETTE STREET
 MARIANNA, FL 32446

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR NAME: WILLIAMS, THOMAS WADE STREET ADDRESS: 5283 BROWN STREET CITY-ST-ZIP: GRACEVILLE, FL 32440
TITLE: MGR NAME: WILLIAMS, JOAN STREET ADDRESS: 5283 BROWN STREET CITY-ST-ZIP: GRACEVILLE, FL 32440
TITLE: MGR NAME: BAKER, FRANK A STREET ADDRESS: 4431 LAFAYETTE STREET CITY-ST-ZIP: MARIANNA, FL 32440
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: *Thomas Wade Williams* Thomas Wade Williams 1-27-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #