

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90065 002 ****50.00

DOCUMENT # L02000006347

1. Entity Name
WILLISTON ROAD INVESTMENT, LLC



Principal Place of Business
3760 NW 83RD STREET
SUITE 1
GAINESVILLE, FL 32606

Mailing Address
3760 NW 83RD STREET
SUITE 1
GAINESVILLE, FL 32606

000004149



01162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1954735

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODOR, ANDREW
3760 NW 83RD ST., SUITE 1
GAINESVILLE, FL 32607

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HODOR, ANDREW 3760 NW 83RD ST., SUITE 1 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RYALS, MIKE AND JANE 8721 MILLHOPPER GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD HODOR FAMILY TRUST 37600 NW 83RD ST SUITE 1 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

352 336-3996