2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000006347

1. Entity Name
WILLISTON ROAD INVESTMENT, LLC



FILED Jan 11, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3760 NW 83RD STREET SUITE 1 3760 NW 83RD STREET

SUITE 1 SUITE 1
GAINESVILLE, FL 32606 GAINESV

GAINESVILLE, FL 32606



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC

CR2E083 (12/07)

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 algorature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	■過去品具子子为及名式在含度2.5度60度64.5mg 家庭具有理解的智慧用網 据图像 电更加系统
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	U00000780740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD HODOR FAMILY TRUST 37600 NW 83RD ST SUITE 1 GAINESVILLE, FL 32606	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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 empowere 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

18-08 3523363996

Daytime Pho