

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008551

FILED
Jan 10, 2007
Secretary of State

Entity Name: RENSHAW WILLIAMS FAMILY, L.L.C.

Current Principal Place of Business:

6 BITTERSWEET LANE
OLD LYME, CT 063711600

New Principal Place of Business:

4308 KELLY OAK COURT
FUQUAY-VARINA, NC 27526 US

Current Mailing Address:

6 BITTERSWEET LANE
OLD LYME, CT 063711600 US

New Mailing Address:

4308 KELLY OAK COURT
FUQUAY-VARINA, NC 27526 US

FEI Number: 32-0012390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOOD, PAUL A
1456 NE OCEAN BLVD
STUART, FL 349961542 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, KENNETH E
Address: 6 BITTERSWEET LANE
City-St-Zip: OLD LYME, CT 063711600

Title: MGRM () Delete
Name: WILLIAMS, NANCY C
Address: 6 BITTERSWEET LANE
City-St-Zip: OLD LYME, CT 063711600

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, KENNETH E
Address: 4308 KELLY OAK COURT
City-St-Zip: FUQUAY-VARINA, NC 27526 US

Title: MGRM (X) Change () Addition
Name: WILLIAMS, NANCY C
Address: 4308 KELLY OAK COURT
City-St-Zip: FUQUAY-VARINA, NC 27526

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH E. WILLIAMS

MGRM

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date