2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2008
Secretary of State

DOCUMENT# L02000011949

Entity Name: HARPER, PAXSON, WILLIAMS & WING, P.L.

Current Principal Place of Business:

595 W. GRANADA BLVD.
SUITE I
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

595 W. GRANADA BLVD.
SUITE I
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 30-0074330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PAXSON, ROBERT E
595 W. GRANADA BLVD.
SUITE I
ORMOND BEACH, FL 32174 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:	HARPER, WILLIAM D CPA,PL
Address:	595 W. GRANADA BLVD SUITE 1
City-St-Zip:	ORMOND BEACH, FL 32174
Title:	MGRM ( ) Delete
Name:	PAXSON, ROBERT E
Address:	595 W. GRANADA BLVD., STE I
City-St-Zip:	ORMOND BEACH, FL 32174
Title:	MGRM ( ) Delete
Name:	WILLIAMS, LINDA C
Address:	595 W. GRANADA BLVD., STE I
City-St-Zip:	ORMOND BEACH, FL 32174
Title:	MGRM ( ) Delete
Name:	WING, CPA P.A., GEORGE F
Address:	595 W. GRANADA BLVD., STE I
City-St-Zip:	ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title:	MGRM (X) Change ( ) Addition
Name:	W.D. HARPER, CPA, PL,
Address:	595 W. GRANADA BLVD SUITE 1
City-St-Zip:	ORMOND BEACH, FL 32174
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRM (X) Change ( ) Addition
Name:	GEORGE F. WING, C.P., A., P.A.
Address:	595 W. GRANADA BLVD., STE I
City-St-Zip:	ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT E. PAXSON MGRM 06/06/2008

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