


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90139 001 \*\*\*100.00

|   |   |
|---|---|
| <b>DOCUMENT # L02000019741</b>                |  |
| 1. Entity Name<br>S.W. WILLIAMS FAMILY L.L.C. |   |

|  |  |
|--|--|
| Principal Place of Business<br>901 12TH STREET<br>CLERMONT, FL 34711 | Mailing Address<br>901 12TH STREET<br>CLERMONT, FL 34711 |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



04212005 Chg-LLC CR2E083 (10/03)

|                                  |  |                                |
|----------------------------------|--|--------------------------------|
| 4. FEI Number<br>59-7239506      |  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired |  | \$5.00 Additional Fee Required |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>WILLIAMS, DAVID B<br>901 12TH STREET<br>CLERMONT, FL 34711 |  | 7. Name and Address of New Registered Agent<br>Name<br>Roby Law Firm<br>Street Address (P.O. Box Number is Not Acceptable)<br>1270 Orange Avenue Suite D<br>City<br>Winter Park FL Zip Code<br>32789 |  |
|---|--|--|--|

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.

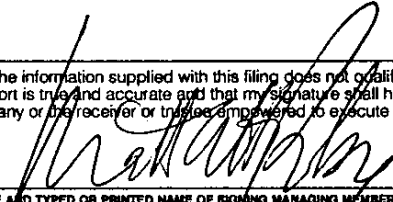
SIGNATURE  DATE 4/20/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2005 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WILLIAMS, DAVID B<br>901 12TH STREET<br>CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Shaffer W. Williams Family Trust<br>901 12th Street<br>Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WILLIAMS, BEVERLY A<br>9215 CYPRESS COVE ROAD<br>ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 4/20/05 407/647-8065

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