

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021754

Entity Name: WILLIAMSON 104, LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

7815 SW 104TH ST.
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7815 SW 104TH ST.
MIAMI, FL 33156

New Mailing Address:

FEI Number: 03-0480641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, B. MACKAY ESQ.
C/O WHITE & BROWN, P.A.
9000 SW 152ND ST., STE. 102
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

BOYER, JOE CONTROL
7815 SW 104TH ST.
MIAMI, FL 33156 US

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: JOE BOYER

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WILLIAMSON II, G.ED
Address: 7815 SW 104TH ST
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: WILLIAMSON, CAROL F
Address: 7815 SW 104TH ST
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: WILLIAMSON III, GEORGE E
Address: 7815 SW 104TH ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEORGE E WILLIAMSON II

MGR

04/26/2005

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