

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021754

Entity Name: WILLIAMSON 104, LLC

FILED  
Apr 24, 2008  
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:**

BOYER, JOE CONTROL  
7815 SW 104TH ST.  
MIAMI, FL 33156 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: MGR ( ) Delete  
Name: WILLIAMSON II, GEORGE E  
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 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: GEORGE E WILLIAMSON II

MGR

04/24/2008

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