

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027096

FILED
Apr 24, 2006
Secretary of State

Entity Name: WILL'S WAY, LLC

Current Principal Place of Business:

453 E. MAC EWEN DRIVE
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

453 E. MAC EWEN DRIVE
OSPREY, FL 34229

New Mailing Address:

FEI Number: 81-0575097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINOKUR, RICHARD
453 E. MAC EWEN DRIVE
OSPREY, FL 34229 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: WINOKUR, RICHARD
Address: 453 E MAC EWEN DR
City-St-Zip: OSPREY, FL 34229

Title: MGRM () Delete
Name: WINOKUR, LORI
Address: 453 E MAC EWEN DR
City-St-Zip: OSPREY, FL 34229

Title: MGRM () Delete
Name: RAUSCHENBERGER, WILLIAM
Address: 733 AUTUMN CREST DR
City-St-Zip: SARASOTA, FL 34232

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 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: RICHARD WINOKUR

MR

04/24/2006

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