

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027678

Entity Name: WILLIAMSON DORAL, LLC

FILED
Apr 14, 2007
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: 06-1667247

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:

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, G 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: MGR (X) Change () Addition
Name: WILLIAMSON II, GEORGE E
Address: 7815 SW 104TH ST
City-St-Zip: MIAMI, FL 33156

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: GEORGE E WILLIAMSON II

MGR

04/14/2007

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