


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90268 031 ***143.75

DOCUMENT # L02000033468	
1. Entity Name ROBERT WILLIAMS DESIGN, L.L.C.	

Principal Place of Business 1320 HARBOR ROAD SUITE 2 GREEN COVE SPRINGS, FL 32043	Mailing Address 1320 HARBOR ROAD SUITE 2 GREEN COVE SPRINGS, FL 32043
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2. Principal Place of Business - No P.O. Box # 480 TWENTY MILE RD.	3. Mailing Address 3787 PALM VALLEY RD
Suite, Apt. #, etc. LOT F - UNIT 2	Suite, Apt. #, etc. SUITE 102-319

City & State PONTE VEDRA, FL	City & State PONTE VEDRA BEACH, FL
Zip 32081	Zip 32082
Country USA	Country USA

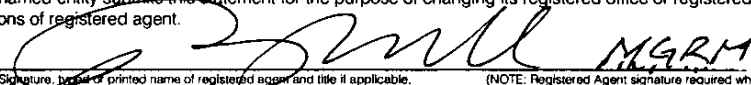


03112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 13-4233348	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ASPINWALL, ROBERT J 1320 HARBOR ROAD SUITE 2 GREEN COVE SPRINGS, FL 32043	
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7. Name and Address of New Registered Agent Name: ROBERT J. ASPINWALL Street Address (P.O. Box Number is Not Acceptable): 3787 PALM VALLEY ROAD SUITE 102-319 City: PONTE VEDRA BEACH FL Zip Code: 32082	
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: 3/11/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASPINWALL, ROBERT J 6010 A1A SOUTH ST. AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASPINWALL, ROBERT J 3787 PALM VALLEY ROAD, SUITE 102-319 PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 3/11/08 DAYTIME PHONE: 904-810-1000