


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L020000341487 1. Entity Name WILLIAMS FAMILY PROPERTIES, LLC	
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Principal Place of Business 603 CENTRAL FLORIDA PKWY #107 ORLANDO, FL 32824	Mailing Address P.O. BOX 593545 ORLANDO, FL 32859-3545
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**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0820149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  WILLIAMS, MARY H 603 CENTRAL FLORIDA PKWY #107 ORLANDO, FL 32824	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMS, MARY H 603 CENTRAL FLORIDA PKWY #107 ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMS, A. VAUGHN 603 CENTRAL FLORIDA PKWY, #107 ORLANDO, FL 32824
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01/14/05-80017-025 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Mary H Williams 1/5/05 Mary H Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #