2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0200003,1487

1. Entity Name
WILLIAMS FAMILY PROPERTIES LC

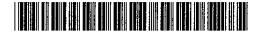


FILED
Jan 14, 2005 08:00 AM
Secretary of State

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP

603 CENTRAL FLORIDA PKWY #107 ORLANDO, FL 32824 Mailing Address P.O. BOX 593545 ORLANDO, FL 32859-3545



01052005 No Chg-LLC

CR2E083 (10/03)

Fee Required

4. FEI Number Applied For 55-0820149 Not Applicable

5. Certificate of Status Desired 55.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, MARY H 603 CENTRAL FLORIDA PKWY #107 ORLANDO, FL 32824 DO NOT WRITE IN THIS SPACE

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.	Signeture, typed or printed name of registered egent and title of applicable	AVAIT Descriptored	Agent signature required when reinstating)	DATE
	Signature, typed or printed name of registered agent and stille if applicable	(NOTE Registered	Agent signature required when reinstating)	UAIE
Fi D	lling Fee Is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		2 3 3 3 4 4 4 4 4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, MARY H 603 CENTRAL FLORIDA PKWY #107 ORLANDO, FL 32824			//00000180779 01/14/05-80017-025 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, A. VAUGHN 603 CENTRAL FLORIDA PKWY, #107 ORLANDO, FL 32824			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			T NI	'HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
MILE				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: // 5/05 // SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MAMAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date

5/05 Mary H Williams