


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000009632 1. Entity Name SCOTES AND WILLIAMS, LLC	
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Principal Place of Business 430 CALIFORNIA AVENUE STUART, FL 34994	Mailing Address 430 CALIFORNIA AVENUE STUART, FL 34994
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04202006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
27-0051771

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOHL, N. DEAN JR 50 S.E. KINDRED STREET, SUITE 107 STUART, FL 34994

**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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

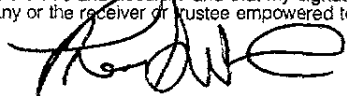
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, THEODORE G MANAGER 430 CALIFORNIA AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTES, ATHENA P MANAGER 430 CALIFORNIA AVE STUART, FL 34994
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1100000533278
05/06/06-80111-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

 Theodore G. Williams

4/20/06 (772) 201-0441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #