


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000011542 1. Entity Name WILLIAMS INVESTMENTS ONE, LLC |  |
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|---|---|
| Principal Place of Business 8635 SCENIC HILLS DRIVE PENSACOLA, FL 32514 | Mailing Address 8635 SCENIC HILLS DRIVE PENSACOLA, FL 32514 |
|---|---|

DO NOT WRITE IN THIS SPACE



03222005 No Chg-LLC

CR2E083 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 03-0540449 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

5. Name and Address of Current Registered Agent

FLEMING, EDWARD P
4300 BAYOU BOULEVARD, SUITE 13
PENSACOLA, FL 32503

**DO NOT WRITE
IN THIS SPACE**

11. 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 reselecting)

DATE _____

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

8. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WILLIAMS, KATHRYN H 8635 SCENIC HILLS DR PENSACOLA, FL 32514 |
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03/26/05-80032-021 50.00

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IN THIS SPACE**

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: Kathryn H. Williams

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

3-22-05 (850) 476-2490

Date

Daytime Phone #