


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90200 020 ****50.00

DOCUMENT # L03000011828					
1. Entity Name WILLCORP., LLC					
Principal Place of Business 1844 N. NOB HILL RD. PMB 404 PLANTATION, FL 33322			Mailing Address 1844 N. NOB HILL RD. PMB 404 PLANTATION, FL 33322		
2. Principal Place of Business <i>902 Clint Moore Rd #146</i>		3. Mailing Address <i>902 Clint Moore Rd #146</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Boca Raton Fla</i>		City & State <i>Boca Raton Fla</i>		4. FEI Number 57-1159928	
Zip <i>33487</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLIAMSON, DANIEL C 12581 N.W. 75TH ST. PARKLAND, FL 33076			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMSON, DANIEL C 12581 NW 75 STREET PARKLAND, FL 33076		<input type="checkbox"/> Delete		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Daniel Williamson</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: <i>1/20/05</i> Daytime Phone #: <i>(561) 997-0400</i>					