
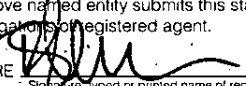
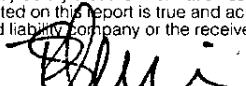


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90145 039 ****50.00

DOCUMENT # L03000030386					
1. Entity Name WILLIAMS CROSSING, LLC					
Principal Place of Business 5041 W. CYPRESS ST, STE 300 TAMPA, FL 33607			Mailing Address 5041 W. CYPRESS ST, STE 300 TAMPA, FL 33607		
2. Principal Place of Business 1408 N. WESTSHORE BLVD Suite, Apt. #, etc. #116 City & State TAMPA, FL Zip 33607 Country USA		3. Mailing Address 1408 N. WESTSHORE BLVD Suite, Apt. #, etc. #116 City & State TAMPA, FL Zip 33607 Country USA		02242004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0157640				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 MERRILL, RANDOLPH S 5041 W. CYPRESS ST, STE 300 TAMPA, FL 33607	
7. Name and Address of New Registered Agent Name RANDOLPH S. MERRILL Street Address (P.O. Box Number is Not Acceptable) 1408 N. WESTSHORE BLVD SUITE #116 City TAMPA FL Zip Code 33607				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 obligation of the registered agent. SIGNATURE:  RANDOLPH S. MERRILL 2/24/04 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANDOLPH S. MERRILL 1408 N. WESTSHORE BLVD, #116 TAMPA, FL 33607	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  RANDOLPH S. MERRILL 2/24/03 (813) 514-1134 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					