2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030386

FILED Mar 12, 2005 08:00 AM Secretary of State

1. Entity Name WILLIAMS CROSSING, LLC		
Principal Place of Business Mailing Address 1408 N. WESTSHORE BLVD 1408 N. WESTSHORE BLV #116 #116 TAMPA, FL 33607 TAMPA, FL 33607	D	l (Feixen en efice and een een een een een een een een een e
DO NOT WRITE IN THIS SP	ACE	02222005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applicable 5. Centificate of Status Desired S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
MERRILL, RANDOLPH S 1408 N. WESTSHORE BLVD SUITE #116 TAMPA, FL 33607		DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of changing its registered agent. SIGNATURE	• F	
Signature, typed or printed name of registered agent and life if applicable (NOTE. Registered by Filling Fee is \$50.00 Due by May 1, 2005	istered Agent signature required	when roinstating) DATE
9. MANAGING MEMBERS/MANAGERS		
TITLE MGR NAME MERRILL, RANDOLPH S STREET ADDRESS 1408 N. MESTERIODE DI VID. #110		

U00000261395 03/14/05-80009-003 50.00 CITY-ST-ZIP TAMPA, FL 33607 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 18/14__

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

11 2/24/05

(813)514-1134

Daytime Phone