2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED May 02, 2005 08:00 AM Secretary of State DOCUMENT # L03000046410 1. Entity Name WILLIAM FAIR LLC Principal Place of Business Mailing Address 1043 JUNE TERRACE 1043 JUNE TERRACE DAYTONA BEACH FL 32119 DAYTONA BEACH FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 52-2416976 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAIR, WILLIAM K Street Address (P.O. Box Number is Not Acceptable) 1043 JUNE TERRACE DAYTONA BEACH FL 32119 City 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES RUE MGR Delele TOTALE Change Addition FAIR, WILLIAM K NAME NAME U00000356486 05/04/05-80036-023 50.00 STREET ADDRESS 1043 JUNE TERRACE STREET ADDRESS UTV-51-718 DAYTONA BEACH FL 32119 CITY-ST-ZtP THEF ☐ Delete THEF Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHIY-ST ZIP CITY-ST-ZIP HILLE ☐ Delete ☐ Change Addition NEME NAME CHALL ADDRESS STREET ADDRESS CITY ST-ZIE CHY-ST-ZIP Addition THILE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ODE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CHY-ST-7IP ITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-SI-ZIF 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.07(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.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-26-05 679-6540