


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

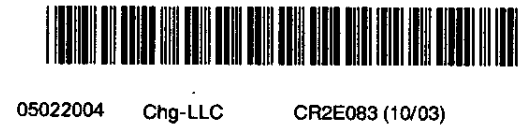
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DOCUMENT # L03000046884	
1. Entity Name RON WILLIAMS FLOORING LLC	

Principal Place of Business 2085 W HIGHWAY 329 CITRA, FL 32113	Mailing Address 2085 W HIGHWAY 329 CITRA, FL 32113
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2. Principal Place of Business 4251 NE 138 Place	3. Mailing Address P.O. Box 496
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sparr, Florida	City & State Sparr Florida
Zip 32192	Zip 32192
Country Marion	Country Marion



05022004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent WILLIAMS, RONALD 2085 W HIGHWAY 329 CITRA, FL 32113	
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7. Name and Address of New Registered Agent Name Williams, Ronald Street Address (P.O. Box Number is Not Acceptable) 4251 NE 138 Place City Sparr FL Zip Code 32192	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, RONALD E 2085 W. HWY. 329 CITRA, FL 32113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Williams, Ronald E. 4251 NE 138 Place Sparr, Florida 32192 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ronald E Williams **4/29/04 352-867-1819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #