2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

DOOL					2004 0.00 al
DOCUMENT # L03000053193 1. Entity Name JOHN B. WILLIAMS, L.L.C.				Secretary of State 05-04-2004 90019 025 ****55.00	
	Fraction (Section)				
Principal Plac	ce of Business	Mailing Address		7	
	R STREET 14 10 10 11 11 11 11 11 11 11 11 11 11 11	2116 CEDER STREET FERNANDINA BEACH, FL	. 32034		24064776
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05032004 Chg-LLC	CR2E083 (10/03)
City & State		City & State		4. FEI Number 58-2681481	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regi	stered Agent
VAZILI LA MAC	C IOHN B		Name		
WILLIAMS, JOHN B 2116 CEDER STREET FERNANDINA BEACH, FL 32034			Street Addres	s (P.O. Box Number is Not Acceptable)	
	,				
			City		FL Zip Code
8. The above the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Florida	a. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requ	red when reinstation)	DATE
Filing Fee is \$50.00 Due by September 8, 2004					
				Florida D	heck payable to epartment of State
9.	MANAGING MEMBE		10.	Florida De	epartment of State
TITLE 1	MANAGING MEMBE	RS/MANAGERS Delete	TITLE	Florida D	epartment of State
TITLE VIEWS	MANAGING MEMBE		TITLE" NAME	Florida D	epartment of State
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TITLE NAME STREET ADDRESS	MANAGING MEMBE	☐ Delete	TITLE" NAME	Florida D	epartment of State
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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 repetiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John Blulling John B. WILLIAMS
SIGNATURE MO TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/3/04 904-583-2420