~2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057009

1. Entity Name

ALVIN WILLIAMSON, L.L.C.



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

19402 MICHIGAN AVENUE ODESSA, FL 33556 Mailing Address

19402 MICHIGAN AVENUE ODESSA, FL 33556



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For	
57-1203843	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WILLIAMSON, ALVIN 19402 MICHIGAN AVENUE ODESSA, FL 33556

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

_			•
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMSON, ALVIN 19402 MICHIGAN AVENUE ODESSA, FL 33556		÷.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	000000783332 7 01/16/08-80009-025 138.75
TITLE NAME STREET ADORESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CETY-ST-ZIP		***	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	sertify that the information supplied with this filing does not on this report is true and accurate and that my signature sholility company or the receiver or trustee empowered to execute.	jualify for the exemptions contained in Chapter 1 all have the same legal effect as if made under a cute this report as required by Chapter 608, Flori	 Florida Statutes. I further certify that the information path; that I am a managing member or manager of the da Statutes.

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