2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# L04000008165

Entity Name: RICHARD WILLIAMS PROPERTIES, LLC

Current Principal Place of Business:

8420 LAINIE LANE
ORLANDO, FL 32818

New Principal Place of Business:

P.O. BOX 2322
WINDERMERE, FL 34786

Current Mailing Address:

8420 LAINIE LANE
ORLANDO, FL 32818

New Mailing Address:

P.O. BOX 2322
WINDERMERE, FL 34786

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TOMMASI, MICHAEL
8420 LAINIE LANE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TOMMASI, MICHAEL
Address: 8420 LAINIE LANE
City-St-Zip: ORLANDO, FL 32818

Title: MGRM ( ) Delete
Name: TOMMASI, KATHERINE
Address: 8420 LAINIE LANE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: TOMMASI, KATHERINE
Address: P.O. BOX 2322
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL TOMMASI MGRM 05/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date