


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

09-01-2005 90051 028 \*\*\*\*50.00

<b>DOCUMENT # L04000015617</b>					
<b>1. Entity Name</b> WILLIS WILLIAMS, "LLC"					
<b>Principal Place of Business</b> 6729 WOODLYNN HOMOSASSA SPRINGS, FL 34448 US			<b>Mailing Address</b> P.O. BOX 940 HOMOSASSA SPRINGS, FL 34447 US		
<b>2. Principal Place of Business</b> 6729 WOODLYNN Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 940 Suite, Apt. #, etc.			
<b>City &amp; State</b> HOMOSASSA Springs, FL.		<b>City &amp; State</b> HOMOSASSA Springs, FL.		<b>4. FEI Number</b>	
<b>Zip</b> 34448		<b>Country</b> CITRUS		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$5.00 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> WILLIAMS, WILLIS O JR 6729 WOODLYNN HOMOSASSA SPRINGS, FL 34448					
<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: <u>N/A</u> <b>FL</b> Zip Code: _____					
<b>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.</b> SIGNATURE: <u>Willis Williams</u> DATE: <u>Aug. 30, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> WILLIAMS, WILLIS O JR <b>STREET ADDRESS</b> 6729 WOODLYNN <b>CITY-ST-ZIP</b> HOMOSASSA SPRINGS, FL 34447	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Willis Williams</u> - Willis Williams			Date: <u>8-30-05</u>		Daytime Phone #: <u>352-302-8187</u>