2008 LIMITED LIABILITY COMPANY

FILED Sep 09, 2008 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State					
DOCU	150			09-09-2008	3 90032 (006 ***1:	38.75			
1. Entity Name WILLIAMSBURG ESTATES, LLC										
D: 184	(0)		Coo				50	0102	69	
6611 U.S. HI	e of Business IGHWAY 19, SUITE 507	Mailing Address 6611 U.S. HIGHWAY 19,	SUITE 507					0100	u r	
NEW PORT R	RICHEY, FL 34652	NEW PORT RICHEY, FL. 3	34652							
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
8520 Suite, Apt.	S COOLLHELL DA		Heut D	١	1 13 8 14 8 14 8	II ABIII BIBII BBIII BBIII BBII	BOND NEED		.001 III 1007	
*	1	#1			08142008	Chg-LLC	CR2E0	83 (12/06)		
City & State	Est lychey FI	New Port R	icheu f	7	4. FEI Numb 26-010			<u> </u>	pplied For at Applicable	
2ip 34469	53 Country	34 653	Country		5. Certificate	e of Status Desired		\$5.00 Add		
	6. Name and Address of Current F	<u> </u>	Name	·	7. Name an	d Address of New R				
KALOGIANIS, CONSTANTINE 6611 U.S. HIGHWAY 19, SUITE 507				Street Address (P.O. Box Number is Not Acceptable)						
NEW PORT RICHEY, FL 34652				100000			···			
	. ;		City					Zip Cod	<u></u>	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registere	d agent, or be	oth, in the State of Flo	FL rida. I am f			
: •	tions of registered agent.								, i	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE: F	Registered Agent signs	ture required w	hen reinstating)		OATE			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 6 liability company did no						l	e check pa Departme	yable to ent of State	•	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGRM KALOGIANIS, CONSTANTINE	□ 1 0	TITLE	MGE	М	Constant in		Ghange	Addition	
STREET ADDRESS	6611 US HWY 19 STE 507		NAME STREET ADDRESS	8290	LIMNO)	west a	_			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652 MGRM		CITY-ST-ZIP		Port 1	hickey, Fl	34656	<u></u>		
NAME	KALOGIANIS, KATHY E	(1) Defete	TITLE NAME	HURI	a 14M15.	Kathy T		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	6611 US HWY 19 STE 507 NEW PORT RICHEY, FL 34652		STREET ADDRESS CITY-ST-ZIP	8530	Couri	neue on	1346	← ப		
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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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/o execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

Oaytime Phone #