



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000028624 1. Entity Name DH & RG WILLIAMS, LLC	
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Principal Place of Business 15400 SHAMROCK DRIVE FORT MYERS, FL 33912	Mailing Address 15400 SHAMROCK DRIVE FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



07142006 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, DON 15400 SHAMROCK DR FORT MYERS, FL 33912	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable


**Filing Fee is \$50.00
Due by September 6, 2006**

U00000570973
07/18/06-80018-018 55:00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMS, DON 15400 SHAMROCK DRIVE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, RICHARD 15400 SHAMROCK DR FORT MYERS, FL 33912
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:  **Don Williams** **7/14/06 239 481 6775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #