

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033821

FILED  
Feb 15, 2007  
Secretary of State

**Entity Name:** W.L. JUSTIN & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

11438 28 ST. CIRCLE EAST  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

11438 28 ST. CIRCLE EAST  
PARRISH, FL 34219

**New Mailing Address:**

**FEI Number:** 33-1111155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JUSTIN, WILLIAM L  
11438 28 ST. CIRCLE EAST  
PARRISH, FL 34219 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: JUSTIN, WILLIAM L  
Address: 11438 28 ST. CIRCLE EAST  
City-St-Zip: PARRISH, FL 34219

Title: MGRM ( ) Delete  
Name: JUSTIN, ROCHELLE A  
Address: 11438 28 ST. CIRCLE EAST  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES:**

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

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

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: WILLIAM JUSTIN

MGRM

02/15/2007

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