2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1	MENT # L0400003		,	~ ~ ~ ~ ~	out y		
1. Entity Name WILLIAM BYRON MEADOWS, LLC				3			
Principal Plac	ce of Business	Mailing Address	.l <u></u>				
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36 27 1				4. FEI Number 27-00913	21		Applied For Not Applicable
				5. Certificate of 5	· · · · · · · · · · · · · · · · · · ·		0 Additional
	6. Name and Address of Curren	t Registered Agent		d. Certificate dr.	STREET CONTROL	Fee R	Required
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MEADOWS, WILLIAM BYRON 5265 WILLIAMS ROAD				DO N	IOT W	RITE	સિંકોલિયા છે. સિંકોલિયા સ્થિતિ સ્થિતિ હોય
TALLAHASSEE, FL 32311				IN T	HIS SP	ACE	and the second s
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6. The above	named entity submits this statement	or the purpose of changing its registe	red office or register	ed agent, or both, h	n the State of Flor	ida. I am familia	if with, and accept
the obliga	tions of registered agent.				1		
SIGNATURE.	Signature, typed or printed name of registered ager	n and tise if applicable. (NOTE, Register	ed Agent agnature required	भोता (कावाडाल्यु)	13 -	DATE	 `
F	iling Fee is \$50.00 ue by May 1, 2006				1 1		
9,	MANAGING MEME	ERS/MANAGERS		5774889410466		en i ne e mendebelonia e e ne i ne i ne e e e e e e e e e e e e e e	
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11. I hereby certify that the information supulted 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 if am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Willia B Tleadow

NAME STREET ADDRESS CITY-ST-ZIP

(850)528-5747

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