2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# L04000052911

Entity Name: WILLIAM WORKMAN L.L.C.

Current Principal Place of Business:

1448 HAWTHORNE PL
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 206
LOXAHATCHEE, FL 33470

New Mailing Address:

P.O. BOX 206
LOXAHATCHEE, FL 33470

FEI Number: 27-0103876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARTHUR, WILLIAM W
1448 HAWTHORNE PL
WELLINGTON, FL 33414 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: MGR ( ) Delete
Name: ARTHUR, WILLIAM L
Address: P.O. BOX 206
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ARTHUR, WILLIAM L
Address: P.O. BOX 206
City-St-Zip: LOXAHATCHEE, FL 33470

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 L ARTHUR MGR 03/15/2007

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