SIGNATURE: 1700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb 17, 2005 8:00 am Secretary of State 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Daytime Phone #

DOCUMENT # L04000087402 1. Entity Name WILLIAMS FINANCIAL HOLDINGS, LLC						02-17-2005 9	0103 04	2 ****55.	00
Principal Place of Business Mailing Address 714 MANATEE AVENUE EAST 714 MANATEE AVENUE BRADENTON, FL 34208 BRADENTON, FL 3420					20011728				
Principal Place of Business 3. Mailing Address				***************************************					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072005	Chg-LLC	CR2E	083 (10/03)	
Çity & State	е	City & State		4. FEI Number	2026	39		plied For t Applicable	
Zip						of Status Desired	X	\$5.00 Addi	itional I
	6. Name and Address of Current	Registered Agent		Name	. 7. Name and	Address of New R	egistered	Agent	· ·
WILLIAMS, BRITTON H 714 MANATEE AVENUE EAST BRADENTON, FL 34208				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9
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 .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005					-			payable to sent of State	
9.	MANAGING MEMBE	L RS/MANAGERS	10.			ADDITIONS/	CHANGES	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME	MGRM MARSHAII L. WI	111Am S Delete	TITLI	E			0.0.0.00	Change	☐ Addition :
STREET ADDRESS CITY-ST-ZIP	PALMETTO, FL 34			ET ADDRESS -ST-ZIP					
TITLE .	EILEEN L. WILL	iAm 5 Delete	NAM	ŧ .				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	636 HILLCREST BRADENTON, FL	_		ET ADDRESS -ST-ZIP					
NAME	MGRITTON H. WIL		NAM	Ε		~ ~	<u> </u>	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	BRADENTON F	L 34205	CITY	ET ADDRESS -ST-ZIP				•	
NAME STREET ADDRESS CITY-ST-ZIP	MEACE L. WILL 4956 CREEKS SARASOTA PL	IDE TRAIL		1		-		☐ Change	Addition
TITLE NAME STREET ADDRESS	·	☐ Delete		E EET ADDRESS				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLI NAM STRE	i i				☐ Change	Addition
indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trusted	that my signature shall have	the same report as	e legal effect as if n s required by Chap	nade under oath ter 608, Florida	: that I am a manac	ging memb	er or manage	r of the