

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000087935

Entity Name: WILLIAM W CONNELL LLC

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

2004 CENTRAL PARK AVE.  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

**Current Mailing Address:**

2004 CENTRAL PARK AVE.  
ORLANDO, FL 32807 US

**New Mailing Address:**

FEI Number: 26-4894750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CONNELL, WILLIAM W  
2004 CENTRAL PARK AVE.  
ORLANDO, FL 32807 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/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: CONNELL, WILLIAM W MGRM  
Address: 2004 CENTRAL PARK AVE  
City-St-Zip: ORLANDO, FL 32807 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 W CONNELL

MGRM

04/18/2005

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