2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2006
Secretary of State

DOCUMENT# L05000031403

Entity Name: LARSON-WILLIAMS REAL ESTATE, LLC

Current Principal Place of Business:

23070 SKYVIEW CIRCLE
BROOKSVILLE, FL 34602

New Principal Place of Business:

4515 MADISON STREET
NEW PORT RICHEY, FL 34652

Current Mailing Address:

23070 SKYVIEW CIRCLE
BROOKSVILLE, FL 34602

New Mailing Address:

4515 MADISON STREET
NEW PORT RICHEY, FL 34652

FEI Number: 20-2180939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, JAYME L
23070 SKYVIEW CIRCLE
BROOKSVILLE, FL 34602 US

Name and Address of New Registered Agent:

WILLIAMS, JAYME L
4515 MADISON STREET
NEW PORT RICHEY, FL 34652 US

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: JAYME L WILLIAMS 08/24/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILLIAMS, JAYME L
Address: 23070 SKYVIEW CIRCLE
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILLIAMS, JAYME L
Address: 4515 MADISON STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

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: JAYME L WILLIAMS MGRM 08/24/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date