

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039045

Entity Name: WILLIM PROPERTIES, LLC

FILED  
Jul 10, 2006  
Secretary of State

**Current Principal Place of Business:**

1086 W SHORE DRIVE  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1086 W SHORE DRIVE  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

FEI Number: 06-1745690      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:**

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

WILLIAMSON, SHARON  
1086 W SHORE DRIVE  
WEST PALM BEACH, FL 33406      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILLIAMSON, SHARON  
Address: 1086 W SHORE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: MGRM ( ) Delete  
Name: WILLIAMSON, STEPHEN  
Address: 1086 W SHORE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: MGRM ( ) Delete  
Name: MIL, ROBERT  
Address: 1086 W SHORE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHARON WILLIAMSON

MGRM

07/10/2006

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