

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069742

**FILED**  
**Mar 19, 2006**  
**Secretary of State**

**Entity Name:** 512 WILLIAMS PARTNERS, LLC

**Current Principal Place of Business:**

512 WILLIAMS STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

512 WILLIAMS STREET  
SUITE B  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

512 WILLIAMS STREET  
TALLAHASSEE, FL 32303

**New Mailing Address:**

512 WILLIAMS STREET  
SUITE B.  
TALLAHASSEE, FL 32303

FEI Number: 20-3150083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MINARDI, RUSSELL D  
512 WILLIAMS STREET  
TALLAHASSEE, FL 32303 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: MGRM ( ) Delete  
Name: MINARDI, RUSSELL D  
Address: 512 WILLIAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: MINARDI, MICHAEL G  
Address: 512 WILLIAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

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: R. DEAN MINARDI

MGRM

03/19/2006

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