


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000069962</b> 1. Entity Name <b>WILLIAMS &amp; WILLIAMS HOLDINGS COMPANY, LLC</b>	
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Principal Place of Business <b>4925 THORNBRIAR PLACE LAND O'LAKES, FL 34639</b>	Mailing Address <b>P.O. BOX 579 LAND O'LAKES, FL 34639</b>
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**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-3410032</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, HARRY  
4925 THORNBRIAR PLACE  
LAND O'LAKES, FL 34639**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reactivating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000864832  
04/07/08-800003-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, HARRY 4925 THORNBRIAR PLACE LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MELISSA 4925 THORNBRIAR PLACE LAND O'LAKES, FL 34639
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**  **3-17-08** **813-217-1533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #