2007 LIMITED LIABILITY COMPAN' ANNUAL REPORT **DOCUMENT # L05000084854** TERRI J. WILLIAMS, LLC Mailing Address Principal Place of Business 513 W. 6TH AVENUE 513 W. 6TH AVENUE TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303

FILED Feb 13, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number	' L	Applied For
NOT APPLICABLE		Not Applicab
5. Certificate of Status Desired	\$5.0 -Fee R	O Additional

6. Name and Address of Current Registered Agent

WILLIAMS, TERRI J 513 W. 6TH AVENUE TALLAHASSEE, FL 32303

the obligations of registered agent.

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agent and site II applicable.	(NOTE: Registered Agent eigneture required when reinstating)	DATE	
Fi Di	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CRY-S1-ZIP	MGR WILLIAMS, TERRI J 513 W. 6TH AVENUE TALLAHASSEE, FL 32303		U00000634578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/22/07-80017-009 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 cath; 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.				

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