

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

01-09-2007 90036 047 \*\*\*\*50.00

<b>DOCUMENT # L06000029338</b> 1. Entity Name <b>WILLISTON BUSINESS PLAZA, LLC</b>					
Principal Place of Business <b>40 S MAIN STREET WILLISTON, FL 32696 US</b>			Mailing Address <b>40 S MAIN STREET WILLISTON, FL 32696 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
01042007    Chg-LLC    CR2E083 (12/08)				4. FEI Number <b>20-4530576</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCMILLEN, STEPHEN M 40 S MAIN STREET WILLISTON, FL 32696</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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: _____ (NOTE: Registered Agent signature required when re-registering)    DATE: _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMILLEN, STEPHEN M 835 NW 4TH AVENUE WILLISTON, FL 32696	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 808, Florida Statutes.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF LEADING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1-8-07    352-528-6277 <small>Date                      Daytime Phone #</small>		