
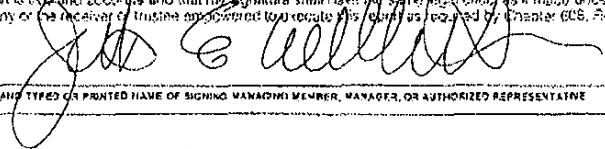


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 OCT -5 PM 2: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000032808		
1. Entity Name 5801 WILLIAMSON, LLC		
Principal Place of Business 310 STONE BRIAR CREEK DR. VENICE, FL 34292		Mailing Address 310 STONE BRIAR CREEK DR. VENICE, FL 34292
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent WILLIAMSON, JEROLD E 310 STONE BRIAR CREEK DR. VENICE, FL 34292		7. Name and Address of New Registered Agent
Name		Name
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)
City		City
State		State
Zip Code		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.		4. FEI Number 20-4589343
SIGNATURE _____ <small>Signature, hand or printed name of registered agent and title (check one)</small>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MANAGING MEMBER <input type="checkbox"/> Delete JEROLD E. WILLIAMSON 310 STONE BRIAR CREEK DR. VENICE, FL 34292	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
REINSTATEMENT		
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 holder of a trust or authorized to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 		Date: 9/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date



07102007 Chg-LLC CR2E083 (12/06)

03/27/07-90196-009-\$50.00