


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90205 018 ***138.75

DOCUMENT # L06000032808 1. Entity Name 5801 WILLIAMSON, LLC			
Principal Place of Business 310 STONE BRIAR CREEK VENICE, FL 34292		Mailing Address 310 STONE BRIAR CREEK VENICE, FL 34292	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <u>11743 Gainsborough Rd.</u> Suite, Apt. #, etc.	
City & State Zip Country		City & State <u>Potomac, MD</u> Zip Country <u>20854</u> <u>USA</u>	
4. FEI Number 20-4589343		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMSON, JEROLD E 310 STONE BRIAR CREEK DRIVE VENICE, FL 34292		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>310 STONE BRIAR CREEK DRIVE</u> City FL 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 <u>[Signature]</u> MCM MBR. 3/2/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMSON, JEROLD 310 STONE BRIAR CREEK VENICE, FL 34292	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMSON, JEROLD 310 STONE BRIAR CREEK DRIVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3/2/08 240-290-0500 <small>Date Daytime Phone #</small>	