



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90035 017 \*\*\*\*55.00

<b>DOCUMENT # L06000043291</b> 1. Entity Name <b>RAYMOND WILLIAMS REALTY SERVICES LLC</b>					
Principal Place of Business <b>4504 BAYWOOD DRIVE LYNN HAVEN, FL 32444</b>			Mailing Address <b>4504 BAYWOOD DRIVE LYNN HAVEN, FL 32444</b>		
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	Country		
					
03202007    Chg-LLC    CR2E083 (12/06)					
4. FEI Number <b>36-4589556</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102</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	MGR WILLIAMS, RAYMOND M 4504 BAYWOOD DRIVE LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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.					
<b>SIGNATURE:</b> <i>Raymond M Williams</i>			<b>4/2/2007</b> <b>850-624-4803</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		