

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058730

Entity Name: WILLIAMS TRUST, LLC

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

1300 N. 15TH STREET  
IMMOKALEE, FL 34103 US

## New Principal Place of Business:

1300 N. 15TH STREET  
SUITE#1  
IMMOKALEE, FL 34103 US

## Current Mailing Address:

1300 N. 15TH STREET  
IMMOKALEE, FL 34103 US

## New Mailing Address:

1300 N. 15TH STREET  
SUITE#1  
IMMOKALEE, FL 34103 US

FEI Number: 59-3475195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, CARRIE  
1300 NORTH 15TH STREET  
IMMOKALEE, FL 34142 US

## Name and Address of New Registered Agent:

WILLIAMS, CARRIE  
1300 NORTH 15TH STREET  
SUITE#1  
IMMOKALEE, FL 34142 US

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.

SIGNATURE:

04/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WILLIAMS, CARRIE E  
Address: 1300 N. 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34103 US

Title: MGR ( ) Delete  
Name: WILLIAMS, JAMES E III  
Address: 1300 N. 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34103 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WILLIAMS, CARRIE E  
Address: 1300 N. 15TH STREET SUITE#1  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: MGR (X) Change ( ) Addition  
Name: WILLIAMS, JAMES E III  
Address: 1300 N. 15TH STREET SUITE#1  
City-St-Zip: IMMOKALEE, FL 34142 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARRIE WILLIAMS

MGR

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date