

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065191

FILED
Jan 28, 2007
Secretary of State

Entity Name: WILLIAMS ENTERPRISES II, LLC

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE SUITE 1330
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

505 SOUTH FLAGLER DRIVE SUITE 1330
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALADINO, RICHARD
505 SOUTH FLAGLER DRIVE SUITE 1330
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARRON, TRACY W
Address: 454 OLD CAMBRIDGE TURNPIKE
City-St-Zip: CONCORD, MA 01742

Title: MGR () Delete
Name: COWARD, MARJORIE W
Address: 12781 LAVENDER KEEP CIR
City-St-Zip: FAIRFAX, VA 22033

Title: MGR () Delete
Name: WILLIAMS, ERNEST III
Address: 55331 N. STANFORD DRIVE
City-St-Zip: NASHVILLE, TN 37215

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ENNEST WILLIAMS III

MGR

01/28/2007

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