2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# L06000082315

Entity Name: WILLIANS, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD, SUITE 1050
CORAL GABELS, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD, SUITE 1050
CORAL GABELS, FL 33134

New Mailing Address:

FEI Number: 20-5421524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD, SUITE 1050
CORAL GABELS, FL 33134 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:	MGRM	( ) Delete
Name:	WHITE PEARL LAND, IN, C.	
Address:	2121 PONCE DE LEON BLVD, SUITE 1050	
City-St-Zip:	CORAL GABELS, FL 33134	
Title:	MGRM	( ) Delete
Name:	FAFIAN, ALBERTO	
Address:	2121 PONCE DE LEON BLVD, SUITE 1050	
City-St-Zip:	CORAL GABELS, FL 33134	
Title:	MGRM	( ) Delete
Name:	CRUZ, NORMA ELENA	
Address:	2121 PONCE DE LEON BLVD, SUITE 1050	
City-St-Zip:	CORAL GABELS, FL 33134	
Title:	MGRM	( ) Delete
Name:	FAFIAN, GONZALO A	
Address:	DOLORES 217, 1407 CAPITAL FEDERAL	
City-St-Zip:	BUENOS AIRES, ARGENTINA, XX	

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:	
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: ALBERTO FAFIAN MGRM 01/23/2007

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