

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111474

Entity Name: WILLIAMS RIGGINGS, LLC

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

1971 NEW HAVEN AVE.
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16902
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 20-5898756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: WILLIAMS, MARCUS
Address: 1971 NEW HAVEN AVE.
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: WILLIAMS, PAUL
Address: 1971 NEW HAVEN AVE.
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, MARCUS PRES
Address: 1971 NEW HAVEN AVE.
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Change () Addition
Name: WILLIAMS, PAUL VP
Address: 1971 NEW HAVEN AVE.
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Change (X) Addition
Name: WILLIAMS, PAUL SEC
Address: 1971 NEW HAVE AVE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Change (X) Addition
Name: WILLIAMS, PAU TREAS
Address: 1971 NEW HAVEN AVE
City-St-Zip: WELLINGTON, FL 33414

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: PAUL WILLIAMS

MGRM

04/28/2007

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