2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L07000043713

Entity Name: WILLIAMCOLB, L.L.C.

Current Principal Place of Business:

14445 PONCE DELEON BLVD
BROOKSVILLE, FL 34601

New Principal Place of Business:

14445 PONCE DELEON BLVD
BROOKSVILLE, FL 34601 US

Current Mailing Address:

POST OFFICE BOX 733
BROOKSVILLE, FL 34605

New Mailing Address:

POST OFFICE BOX 733
BROOKSVILLE, FL 34605 US

FEI Number: 26-0239360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONE, RICK
12593 SPRING HILL DRIVE
SPRING HILL, FL 34609 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: FILKINS, GEORGE N
Address: 1205 CHESTERFIELD COURT
City-St-Zip: EUSTIS, FL 32726

Title: MGRM ( ) Delete
Name: LACERDA, DAVID J
Address: 523 HICKORY STREET
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES:

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 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: DAVID LACERDA MGRM 03/23/2009

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