

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90157 021 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                     |                                                                            |                                                                                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000082751</b><br>1. Entity Name<br>US 301 & WILLIAMS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                     |                                                                            |                                                                                                                                                                                                                 |  |
| Principal Place of Business<br>10740 WILLIAMS ROAD<br>THONOTOSASSA, FL 33592                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                     | Mailing Address<br>POST OFFICE BOX 1969<br>TAMPA, FL 33601                 |                                                                                                                                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | 3. Mailing Address  |                                                                            |                                                                                                                                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Suite, Apt. #, etc. |                                                                            |                                                                                                                                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | City & State        |                                                                            |                                                                                                                                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                         | Zip                 | Country                                                                    | 4. FEI Number<br><div style="font-size: 1.2em; font-family: monospace;">26-0707254</div>                                                                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                     |                                                                            | Applied For<br>Not Applicable                                                                                                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br>JENNEWAIN, JONATHAN P<br>101 EAST KENNEDY BOULEVARD STE 3700<br>TAMPA, FL 33602                                                                                                                                                                                                                                                                                                                                                                   |                                 |                     |                                                                            | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right; font-weight: bold; font-size: 1.1em;">FL</div> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |                                 |                     |                                                                            |                                                                                                                                                                                                                 |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                     |                                                                            |                                                                                                                                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                     | Make check payable to<br>Florida Department of State                       |                                                                                                                                                                                                                 |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                     | <b>10. ADDITIONS/CHANGES</b>                                               |                                                                                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                     | Date: <div style="font-size: 1.2em; font-family: monospace;">4/15/08</div> |                                                                                                                                                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Daytime Phone # _____                                                                                                                                                                                                                                                                                                                                                                        |                                 |                     |                                                                            |                                                                                                                                                                                                                 |  |

5/16/08