

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084463

FILED
Apr 04, 2008
Secretary of State

Entity Name: L & J MCWILLIAMS ENTERPRISE LLC

Current Principal Place of Business:

5838 NW ARLEY COURT
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5838 NW ARLEY COURT
PORT ST. LUCIE, FL 34986

New Mailing Address:

818 WARWICK STREET
BROOKLYN, NY 11207

FEI Number: 71-1037891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 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: WILLIAMS, LLOYD A
Address: 5838 NW ARLEY COURT
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: WILLIAMS, LLOYD A
Address: 818 WARWICK ST.
City-St-Zip: BROOKLYN, NY 11203

Title: MGRM () Delete
Name: MCLENNAN-WILLIAMS, JOY F
Address: 818 WARWICK ST.
City-St-Zip: BROOKLYN, NY 11203

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 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: JOY MCLENNAN-WILLIAMS

MGRM

04/04/2008

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