2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# L07000126504

Entity Name: WILLIAMS FAMILY MANAGEMENT, LLC

Current Principal Place of Business:

849 NORTH HIGHWAY 17
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

849 NORTH HIGHWAY 17
PALATKA, FL 32177

New Mailing Address:

FEI Number: 26-2241853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLD, KATHLEEN H
ONE INDEPENDENT DRIVE, STE 2301
JACKSONVILLE, FL 32202 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: TAYLOR, TRACEY W TRUSTEE
Address: 849 NORTH HIGHWAY 17
City-St-Zip: PALATKA, FL 32177

Title: MGRM ( ) Delete
Name: BECKER, CATHY W TRUSTEE
Address: 849 NORTH HIGHWAY 17
City-St-Zip: PALATKA, FL 32177

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: TRACEY W TAYLOR TRUSTEE MGR 03/24/2008

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