

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000433

FILED
Apr 27, 2004
Secretary of State

Entity Name: WILLIAMS & PARTNER, L.C.

Current Principal Place of Business:

696 1ST AVE N SUITE 201
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

696 1ST AVE N SUITE 201
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3384705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILKINSON, G B
696 1ST AVE N SUITE 201
ST PETERSBURG, FL 33701 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/MEMBERS:

Title: MGRM () Delete
Name: WILLIAMS, ELLIS M
Address: P.O. BOX 851 N/A
City-St-Zip: CORAOPOLIS, PA 15108

Title: MGRM (X) Delete
Name: TECHERA, MARIO
Address: P.O. BOX 851 N/A
City-St-Zip: CORAOPOLIS, PA 15108

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, ELLIS M
Address: 696 1ST AVE N #201 C/O WILKINSON
City-St-Zip: ST PETERSBURG, FL 33701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELLIS M WILLIAMS

MGRM

04/27/2004

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