

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000000433

**FILED  
Jan 04, 2005  
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:** 696 1ST AVE N #201 C/O WILKINSON  
**City-St-Zip:** ST PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

**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: G. B. WILKINSON

RA

01/04/2005

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