


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000763 1. Entity Name MCWILLIAMS PARTNERS, L.C.	
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Principal Place of Business 517-B N HARBOR CITY BLVD. MELBOURNE, FL 32935	Mailing Address 517-B N HARBOR CITY BLVD. MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3392452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCWILLIAMS, DAVID T 517-B N HARBOR CITY BLVD. MELBOURNE, FL 32935
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

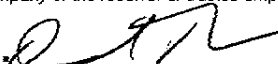
**Filing Fee is \$50.00
Due by May 1, 2004**

000000083697
03/10/04-80050-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM D. JOAN MCWILLIAMS FAMILY L.P. 517-B N HARBOR CITY BLVD. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVID T. MCWILLIAMS FAMILY L.P. 517-B N HARBOR CITY BLVD. MELBOURNE, FL 32935
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **David T. McWilliams** **3/8/04** **321-255-5153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #