


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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| DOCUMENT # M04000001174 | |  |
| 1. Entity Name WILLIAMS LLC | | |

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| Principal Place of Business 770 CLAUGHTON ISLAND DRIVE, APT. #1404 MIAMI, FL 33131 | Mailing Address 770 CLAUGHTON ISLAND DRIVE, APT. #1404 MIAMI, FL 33131 |
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01202005No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 02-4537130 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WILLIAMS, GEORGE L 770 CLAUGHTON ISLAND DRIVE, APT. #1404 MIAMI, FL 33131 |
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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)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WILLIAMS, GEORGE L 770 CLAUGHTON ISLAND DRIVE, APT. #1404 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ANDERSON, JANEEN D 8323 CEDAR CREEK DR. ALBUQUERQUE, NM 871203850 |
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01/25/05-80103-005 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George L. Williams / GEORGE L. WILLIAMS 1-20-05 305-373-6420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #