## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M04000001174 1. Entity Name WILLIAMS LLC Mar 10, 2006 8 Secretary of S 03-10-2006 90129 005 \*\*

770 CLAUGHTON ISLAND DRIVE, APT. #1404

Mailing Address

Principal Place of Business

770 CLAUGHTON ISLAND DRIVE, APT. #1404

FILED Mar 10, 2006 8:00 am Secretary of State 03-10-2006 90129 005 ****55.00									
20014646									
02212006 Chg-LLC	CR2E083 (11/05)								
FEI Number 02-4537130	Applied For Not Applicable								
6. Certificate of Status Desired	\$5.00 Additional Fee Required								
. Name and Address of New Registered Agent									
IAMS LLC/WI	LLIAMS, GEORGE L.								

MIAMI, FL 33	131	MIAMI, FL 33131							
2. Principal Pla	ace of Business	3. Mailing Address							
8 3 2 <u>3</u>	CEDAR CREEK DR.	12200 HCAI	DEMY KO A	胜					
Suite, Apt. #	, 610.	57E 421 City & State		0	02212006	Chg-LLC	CR2E	083 (11/05)	
City & State	ALM	City & State	ماد ا	4.	. FEI Numbe				olied For
7in	COUNTRY NM	7in	Country	-	02-4537			\$5.00 Addi	Applicable
87120-3		87111-7248			. Certificate	of Status Desired	$\boxtimes$	Fee Required	
	6. Name and Address of Current I	Registered Agent			. Name and	Address of New I	Registered	Agent	
2MALLINA/	GEORGE L		Name	WILL	AMS	LLC/	WILLIA	AMS, GEO	ege L.
	SHTON ISLAND DRIVE, APT.	#1404	Street A	Street Address (P.O. Box Number is Not Acceptable)  8 4 8 BRICKELL KEY DRIVE					
MIAMI, FL	33131					,			
			/ HR	EE /E	QUES 7	A PT.	STE_	3303	
			City ///	1. AMI	1		F	L Zip Code	3 1
	named entity submits this statement for ons of registered agent.	the purpose of changing its	s registered office o	r registered a	agent, or bot	h, in the State of Fl	lorida. I an	n familiar with, i	and accept
_	Hearne	4 /1) Man	3 N			3-	/_ xo/	<u>_</u>	
SIGNATURE	Signature, typed or printed harne of registered agent a	nd trie if applicable. (NO	TE: Registered Agent signat	ure required when	n reinstating)	3-1	DATE		
	<i>€</i>								
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State						
9.	MANAGING MEMBE		10.	1		ADDITIONS	CHANGE		
···-	MGR WILLIAMS, GEORGE L	🔀 Delete	TITLE NAME	MGR		George	,	🔀 Change	Addition
1	770 CLAUGHTON ISLAND DRIV	E. APT. #1404	STREET ADDRESS	17700	IAMS, SAAAT	GEORGE EMY RO	NE /	STE 42	,
	MIAMI, FL 33131	_,	CITY-ST-ZIP	ALBM	DUERO	QUE, MN	1 87	1111-72	48
l I	MGR	☐ Delete	TITLE					☐ Change	☐ Addition
	ANDERSON, JANEEN D		NAME						
	8323 CEDAR CREEK DR. ALBUQUERQUE, NM 87120385	<b>n</b>	STREET ADDRESS CITY-ST-ZIP						
TITLE	ALBOQUERQUE, NW 07 120303	Delete	TITLE	-	-			☐ Change	☐ Addition
NAME		LJ Delete	NAME					☐1 change	☐ Addition
STREET ADDRESS			STREET ADDRESS	}					
CITY-ST-ZIP		<u></u>	CITY-ST-ZIP						
TITLE		Delete	TITLE					Change	■ Addition
NAME			NAME	<b>\</b>					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	İ					
TITLE		Delete	TITLE					☐ Change	☐ Addition
NAME		<u> </u>	NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	<del></del>		CITY-ST-ZIP						
TITLE		Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
	ertify that the information supplied with	this filling does not qualify for	ar the exemptions of	ontained in C	Chapter 110	Florida Statutos I	further cor	itu that the infa	rmation

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: PROUGE X. Williams 3-1-86 786-897-3970
SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desprise Prove #