

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90129 005 \*\*\*\*55.00

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<b>DOCUMENT # M04000001174</b> 1. Entity Name <b>WILLIAMS LLC</b>																													
Principal Place of Business 770 CLAUGHTON ISLAND DRIVE, APT. #1404 MIAMI, FL 33131			Mailing Address 770 CLAUGHTON ISLAND DRIVE, APT. #1404 MIAMI, FL 33131																										
2. Principal Place of Business <b>8323 CEDAR CREEK DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>12200 ACADEMY RD NE</b> Suite, Apt. #, etc. <b>STE 421</b>		02212006    Chg-LLC    CR2E083 (11/05)																									
City & State <b>ALBUQUERQUE, NM</b>		City & State <b>ALBUQUERQUE, NM</b>		4. FEI Number <b>02-4537130</b>																									
Zip    Country <b>87120-3850    BERNALILLO</b>		Zip    Country <b>87111-7248    BERNALILLO</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>WILLIAMS, GEORGE L</b> <b>770 CLAUGHTON ISLAND DRIVE, APT. #1404</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>WILLIAMS LLC / WILLIAMS, GEORGE L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>848 BRICKELL KEY DRIVE</b> <b>THREE TERQUESTA PT. / STE 3303</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b>																									
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 <u><i>George L. Williams</i></u> 3-1-06    DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																											
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11. I hereby 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.																													
<b>SIGNATURE:</b> <u><i>George L. Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				3-1-06    786-897-3970 <small>Date    Daytime Phone #</small>																									