

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003369

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** WILLIAMS RESIDENTIAL MANAGEMENT, LLC

**Current Principal Place of Business:**

3625 CUMBERLAND BLVD  
SUITE 325  
ATLANTA, GA 30339

**New Principal Place of Business:**

**Current Mailing Address:**

3625 CUMBERLAND BLVD  
SUITE 325  
ATLANTA, GA 30339

**New Mailing Address:**

**FEI Number:** 20-8473383      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MANAGERS:**

Title: MGR  
Name: JAW RESIDENTIAL MANAGEMENT, LLC  
Address: 3625 CUMBERLAND BLVD STE 400  
City-St-Zip: ATLANTA, GA 30339

Title: MGR  
Name: RAM PARTNERS, LLC  
Address: 3625 CUMBERLAND BLVD STE 400  
City-St-Zip: ATLANTA, GA 30339

Title: MGR  
Name: GAYLE ROBINSON, CURREY  
Address: 3625 CUMBERLAND BLVD STE 400  
City-St-Zip: ATLANTA, GA 30339

I hereby 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: CURREY R. GAYLE

COO

04/30/2010

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