


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L00000000812 1. Entity Name WILLIAM A. WEBB & ASSOCIATES, LLC	
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Principal Place of Business 404 E. ATLATNIC BLVD. POMPANO BEACH, FL 33060	Mailing Address 404 E. ATLATNIC BLVD. POMPANO BEACH, FL 33060
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1034848	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  WEBB, WILLIAM A 404 E. ATLATNIC BLVD. POMPANO BEACH, FL 33060
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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 \_\_\_\_\_


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBB, WILLIAM A 404 E. ATLATNIC BLVD. POMPANO BEACH, FL 33060
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01/25/08-80004-002 138.75

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE:  1-20-08 954 782 5250

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