

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90233 011 \*\*\*\*55.00

**DOCUMENT # L02000007484**

1. Entity Name  
**WEBER HOLDINGS, LLC**



Principal Place of Business  
**3100 N.E. 58TH STREET  
 FORT LAUDERDALE, FL 33308**

Mailing Address  
**3100 N.E. 58TH STREET  
 FORT LAUDERDALE, FL 33308**

**14025990**



2. Principal Place of Business  
**715 BAYSHORE DRIVE**

3. Mailing Address  
**715 BAYSHORE DRIVE**

Suite, Apt. #, etc.  
**901**

07092004 Chg-LLC CR2E083 (10/03)

City & State  
**FT. LAUDERDALE, FL**

City & State  
**FT. LAUDERDALE, FL.**

Zip Country  
**33304 USA**

Zip Country  
**33304 USA**

4. FEI Number  
**46-0473545**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WEBER, FREDRIC L  
 3100 N.E. 58TH STREET  
 FORT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent  
 Name **WEBER, FREDRIC L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**715 BAYSHORE DRIVE #901**  
 City **FT. LAUDERDALE, FL** Zip Code **33304**

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 *Fredric L. Weber* DATE 7/12/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 8, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, FREDRIC L 3100 N.E. 58TH STREET FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - OWNER WEBER, FREDRIC L. 715 BAYSHORE DRIVE #901 FT. LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Fredric L. Weber* DATE 7/12/04

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