

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90101 008 ***143.75

DOCUMENT # L02000007484
 1. Entity Name
WEBER HOLDINGS, LLC



Principal Place of Business: **649 NE 17TH WAY FORT LAUDERDALE FL 33304**
 Mailing Address: **649 NE 17TH WAY FORT LAUDERDALE FL 33304**



2. Principal Place of Business - No P.O. Box #
 Suite, # **649 N.E. 17th Way Fort Lauderdale, FL 33304**
 City & : **Fort Lauderdale, FL 33304**
 Zip Country

3. Mailing Address
649 N.E. 17th Way Fort Lauderdale, FL 33304
 Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent
WEBER, FREDRIC L. Dr. Fredric L. Weber
~~715 BAYSHORE DRIVE #901~~ **649 N.E. 17th Way**
~~FORT LAUDERDALE FL 33304~~ **Fort Lauderdale, FL 33304**

4. FEI Number **46-0473545** Applied For Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, FREDRIC L 715 BAYSHORE DRIVE #901 FORT LAUDERDALE FL 33304	Dr. Fredric L. Weber 649 N.E. 17th Way Fort Lauderdale, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLBY, BLAIR 3042 N FED HWY FORT LAUDERDALE FL 33306	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	<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 exemptions contained in Section 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: *[Signature]* **2/18/08 954-565-5145**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #