


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000003557

1. Entity Name
DEVIN WEBB MINISTRIES, LLC



Principal Place of Business 5842 EAGLE CAY CIRCLE COCONUT CREEK, FL 33073	Mailing Address 5842 EAGLE CAY CIRCLE COCONUT CREEK, FL 33073
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DO NOT WRITE IN THIS SPACE



01112007No Chg-LLC CR2E083 (11/05)

4. FEI Number 62-1808213	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, AHLEY E
 5842 EAGLE CAY CIRCLE
 COCONUT CREEK, FL 33073**

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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 *Ashley E. Webb* *Ashley E. Webb* *1/12/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEBB, ASHLEY E 5842 EAGLE CAY CIRCLE COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEBB, DEVIN G 5842 EAGLE CAY CIRCLE COCONUT CREEK, FL 33073
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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.

SIGNATURE: *Ashley E. Webb* *Ashley E. Webb* *1/12/07* *954-698-9565*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #