

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90184 005 \*\*\*\*55.00

**DOCUMENT # L05000108644**

1. Entity Name  
175 WEBSTER, LLC



Principal Place of Business

2701 MAITLAND CENTER PARKWAY  
SUITE 225  
MAITLAND, FL 32751

Mailing Address

2701 MAITLAND CENTER PARKWAY  
SUITE 225  
MAITLAND, FL 32751

00035646



03302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERMAN, REID S  
2701 MAITLAND CENTER PARKWAY  
SUITE 225  
MAITLAND, FL 32751

**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

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	MGR
NAME	BERMAN, REID S
STREET ADDRESS	2701 MAITLAND CENTER PKWY, SUITE 225
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	
NAME	
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CITY-ST-ZIP	

**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:**

*Reid Berman*  
Reid Berman

4-2-07

407-659-0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #