
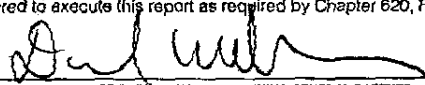


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000000129 1. Entity Name THE WEBSTER #1 FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2741 SEAGROVE LANE AMELIA ISLAND, FL 32034			Mailing Address 2741 SEAGROVE LANE AMELIA ISLAND, FL 32034		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0894422	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTER, DAVID S 2741 SEAGROVE LANE AMELIA ISLAND, FL 32034			7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE 3/30/06		
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L04000006435		STREET ADDRESS		
NAME	WESTER FAMILY GROUP, LLC		CITY-ST-ZIP		
STREET ADDRESS	2741 SEAGROVE LANE				
CITY-ST-ZIP	AMELIA ISLAND, FL 32034				
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			Date 3/30/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # 904 321 2684		



03202008 Chg-LP CR2E003 (11/05)

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

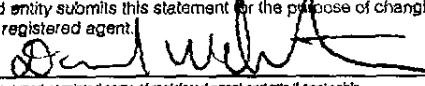
Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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SIGNATURE  DATE **3/30/06**

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00

After May 1, 2006, Fee will be \$900.00

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NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

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STREET ADDRESS **2741 SEAGROVE LANE**

CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

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SIGNATURE:  Date **3/30/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone # **904 321 2684**

STAPLE CHECK HERE