## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## FILED Mar 12, 2007 08:00 AM **DOCUMENT # A0400000129 Secretary of State** THE WEBSTER #1 FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 2741 SEAGROVE LANE **2741 SEAGROVE LANE** AMELIA ISLAND, FL 32034 AMELIA ISLAND, FL 32034 03082007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FELNumber Applied For 20-0894422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WESTER, DAVID S DO NOT WRITE 2741 SEAGROVE LANE AMELIA ISLAND, FL 32034 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 U00000665330 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 L04000006435 DOCUMENT # NAME WESTER FAMILY GROUP, LLC STREET ADDRESS 2741 SEAGROVE LANE CITY-ST-ZIP AMELIA ISLAND, FL 32034 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-2IP

31810°