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1-4-02 352-243-1835

Addition

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 101000002512 WEBB ENERGY, L.L.C.						FILED					
					Jan 11, 2002 8:00 am Secretary of State 01-11-2002 90011 005 ****50.00						
Principal Place of Business Mail			Mailing Address			7					
			PO BOX 685 MINNEOLA FL 34755			9 0 2 3 9 6					
2. Principal Place of Business 3.			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SP	ACE		
City & State			MINNEOLA FL			4. FEI Number Applied For S9 - 3698925 Not Applicable					-
Zip		Country	^{Zip} 34755	Countr	SA	5. Certifi	cate of Status Desired	□ \$	5.00 Add		
-	6. Name	and Address of Current	Registered Agent	•	-	7. Name	and Address of New R	gistered Ag	ent]
PARIS, PATRICK R 11415 TUSCARORA LANE NO. 2 MINNEOLA FL 34755				Name Street Address	s (P.O. Box N	umber is Not Acceptable)				
					City			FL	Zip Code	9	1
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	d office or regist	ered agent, o	r both, in the State of Flo	rida.	-,		
SIGNATURE _	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature requi	red when reinstatin	a)	DATE			
		141	FILE NO Make Check Pa	OW!!! F	EE IS \$50.00)	,		•		-
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATEM PATELY PAREIS 11415 TUSCARORALANE MINNESIA, FZ 34755		TITLE NAME STREE CITY-1	T ADDRESS ST-ZIP]	_ Change	Addition	E083 (9/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 12 1707	,	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			[Change	Addition) e
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	,]	Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZiP			☐ Delete	TITLE NAME STREET CITY-S	F ADDRESS ST-ZIP	,		[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	T ADDRESS ST-ZIP				Change	Addition	

☐ Delete

TITLE

NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP