

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State



1st MOORE CR2E083 (10/06)

DOCUMENT # L01000002512
1. Entity Name
WEBB ENERGY, L.L.C.



Principal Place of Business
**11415 TUSCARORA LANE NO. 2
MINNEOLA FL 34755**

Mailing Address
**PO BOX 716
MINNEOLA FL 34755**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **59-3698925** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**PARIS, PATRICK R
11415 TUSCARORA LANE NO. 2
MINNEOLA FL 34755**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

1100000612416
02/02/07-80105-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM PARIS, PATRICK 11415 TUSCARORA LANE MINNEOLA FL 34755	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patrick R Paris* **1-27-07 352-243-1935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #