
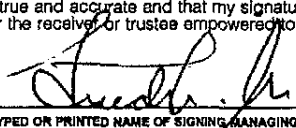


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000007484</b>		
1. Entity Name <b>WEBER HOLDINGS, LLC</b>		
Principal Place of Business <b>715 BAYSHORE DRIVE 901 FORT LAUDERDALE, FL 33304</b>	Mailing Address <b>715 BAYSHORE DRIVE 901 FORT LAUDERDALE, FL 33304</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WEBER, FREDRIC L 715 BAYSHORE DRIVE #901 FORT LAUDERDALE, FL 33304</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEBER, FREDRIC L 715 BAYSHORE DRIVE #901 FORT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLBY, BLAIR 3042 N FED HWY FORT LAUDERDALE, FL 33306	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  1/16/06 9545655145 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**46-0473545**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

000000393682  
01/25/06-80031-014 55.00

**DO NOT WRITE  
IN THIS SPACE**