## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** FILED May 01, 2006 08:00 Al Secretary of State DOCUMENT #L02000013252 1. Entity Name WEBBER MARINE, LLC Principal Place of Business Mailing Address 1845 NEW HAMPSHIRE AVENUE N.E. 1845 NEW HAMPSHIRE AVENUE N.E. ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 02032006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3683021 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEBBER, RUSSELL P DO NOT WRITE 1845 NEW HAMPSHIRE AVENUE N.E. ST. PETERSBURG, FL 33703 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS MGR TITLE WEBBER, RUSSELL P NAME 1845 NEW HAMPSHIRE AVENUE N.E. STREET ADDRESS ST. PETERSBURG, FL 33703 CITY-ST-7/P TITLE NAME U00000546808 05/11/06-80131-004 50.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ABORESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> KUSSELL WEBBER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #