2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 13, 2005 8:00 am Secretary of State **DOCUMENT # L02000024062** 04-13-2005 90215 037 ****50.00 1. Entity Name DEBBWEBB DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 5365 E. CO. HWY. 30-A, SUITE 105 5365 E. CO. HWY. 30-A, SUITE 105 SEAGROVE BEACH, FL 32459 SEAGROVE BEACH, FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 55-0797350 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKLIN H. WATSON, P.A. 5365 E. CO. HWY. 30-A, SUITE 105 Street Address (P.O. Box Number is Not Acceptable) SEAGROVE BEACH, FL 32459 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME WEBB, DEBORAH A Watson, Debbie Webb NAME STREET ADDRESS 5365 E. CO. HWY. 30-A, SUITE 105 STREET ADDRESS CITY-ST-ZIP SEAGROVE BEACH, FL 32459 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change. ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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