2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000024062

1. Entity Name

STREET ADDRESS CITY-ST-ZIP

DEBBWEBB DEVELOPMENT, L.L.C.



Principal Place of Business

5365 E. CO. HWY. 30-A, SUITE 105 SEAGROVE BEACH, FL 32459 Mailing Address

5365 E. CO. HWY. 30-A, SUITE 105 SEAGROVE BEACH, FL 32459

FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90039 022 ****50.00

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01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0797350

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN H. WATSON, P.A. 5365 E. CO. HWY. 30-A, SUITE 105 SEAGROVE BEACH, FL 32459

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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 II applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Fi D	Signature, typed or printed name of registered agent and title if applicable.	Denalalgen: 310/II;	Agent signatura required when rainstating)	DAIL
9.	MANAGING MEMBERS/MANAGERS			A A I The Later of
NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBB, DEBORAH A 5365 E. CO. HWY. 30-A, SUITE 105 SEAGROVE BEACH, FL 32459			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

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.

SIGNATURE:

SIGNATURE:

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

4/27/06

Daytime Phone #