2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 07, 2008 08:00 AN Secretary of State **DOCUMENT # L02000024741** 1. Entity Name CWEB 2, L.L.C. Principal Place of Business Mailing Address 2033 MAIN STREET, STE. 600 2033 MAIN STREET, STE. 600 SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 Cha-LLC CR2E083 (12/06) Applied For 4. FFI Number City & State City & State 51-0427615 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MYERS, TROY H JR, ESQ Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET, STE. 600 SARASOTA, FL 34237 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change Addition MGR TITLE Delete 7171 F U000000774499 MYERS, TROY H JR NAME NAME 01/07/08-80016-019 138.75 2033 MAIN STREET, STE. 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE 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 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

FILED

NATURE: Muy Troy H Myers Jr, Manager 1/4/2008 941.953-8111