

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90096 004 \*\*\*\*50.00

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<b>DOCUMENT # L03000003143</b> 1. Entity Name <b>COLE, WEBER AND ASSOCIATES, LLC</b>					
Principal Place of Business <b>6900-29 DANIELS PARKWAY SUITE 121 FT. MYERS, FL 33912</b>			Mailing Address <b>6900-29 DANIELS PARKWAY SUITE 121 FT. MYERS, FL 33912</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number <b>51-0445442</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ECKERTY, THOMAS G ESQ. 12734 KENWOOD PARK SUITE 89 FT. MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name <b>Scott Cole</b> Street Address (P.O. Box Number is Not Acceptable) <b>6900-29 Daniels Parkway</b> <b>Suite 121</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33912</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     (NOTE: Registered Agent signature required when reinstating)    DATE <b>1/15/05</b>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>COLE, SCOTT</b> <input type="checkbox"/> Delete <b>6900 29 DANIELS PKWY STE 121 FORT MYERS, FL 33912</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>WEBER, ROBERT</b> <input type="checkbox"/> Delete <b>6900 29 DANIELS PKWY STE 121 FORT MYERS, FL 33912</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			Date <b>1/15/05</b> Daytime Phone # <b>(239) 339-2450</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					