2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 09, 2004 8:00 am Secretary of State

DOCUMENT # L03000012360 1. Entity Name WEBB FERNANDINA, LLC					·	04 90271 013	****50.00	0	
					:				
Principal Place of Business Mailing Address			. _						
2404 HOLLINGSWORTH HILL DRIVE 2404 HOLLINGSWORTH LAKELAND FL 33803 LAKELAND FL 33803			TH HILL DR	RIVE					
6 District District	10	I B. Mallion Andrews					MANA		
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #. etc. Suite, Apt. #. etc.					MOORE	CR2E08	3 (11/03)		
City & State		City & State		4. FEI Number		Applied For Not Applicable			
Zip	Country	Zip Country			5. Certificate of Status D	esired	\$5.00 Addition		
Name and Address of Current Registered Agent				Name	7. Name and Address o	New Registered	Agent		
WEBB, W. CAREY								· - ·	
2404 HOLLINGSWORTH HILL DRIVE LAKELAND FL 33803				_Street Address (P.O. Box Number is Not Acceptable)					
DANELAND PL 33603									
			[City		FL	Zip Code	8	
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	F8, typed or primed name of registered agent a	nd trile / applicable. (NOT	E: Renissered An	pent signature required	when remstature)	DATE			
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9.	MANAGING MEMBER	mental and the second second	10 2-	A STATE OF STREET	ADD	ITIONS/CHANGES			
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	bb, W. Carey	0273 maile	NAME						
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CITY-ST-ZIP	that the information of the first	this files does not supply to	CITY-ST		notion 445 APPANEL Pro- 12	The state of the s			
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: N. Caren Well 02-17-04 8/3-240-3574									
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysing Phone #									