

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90136 017 \*\*\*\*50.00

<b>DOCUMENT # L04000040901</b>					
<b>1. Entity Name</b> A.B. WEBSTER, LLC					
<b>Principal Place of Business</b> 1806 38TH AVENUE EAST BRADENTON FL 34205			<b>Mailing Address</b> 1806 38TH AVENUE EAST BRADENTON FL 34205		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 20-1201027	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 11TH STREET WEST BRADENTON FL 34205				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	MGRM	Webster, Adrienne Beall	7819 San Juan Ave.		Bradenton, FL 34209
	MGRM	Webster, William	7819 San Juan Ave.		Bradenton, FL 34209
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
<b>10. ADDITIONS/CHANGES</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
<b>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>					
<b>SIGNATURE:</b>				2/1/05 (941) 761-0037	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	