2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Secretary of State

Feb 24, 2006 8:00 am

02-24-2006 90246 006 ****50.00 DOCUMENT #L04000040901 A.B. WEBSTER, LLC Principal Place of Business Mailing Address 20010370 1806 38TH AVENUE EAST 1806 38TH AVENUE EAST BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1201027 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLALOCK, WALTERS, HELD & JOHNSON, P.A. Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST BRADENTON, FL 34205 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete ☐ Change Addition NAME WEBSTER, ADRIENNE B NAME 7819 SAN JUAN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP MGRM TITLE ☐ Delete ☐ Change ☐ Addition NAME WEBSTER, WILLIAM NAME STREET ADDRESS 7819 SAN JUAN AVENUE STREET ADDRESS CITY-ST-7IP BRADENTON, FL 34209 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME _ _ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 signalimited liability company or the receiver or trustee empowers. same level affect as if made under eath; that I am a managing member or manager of the or paguired by Chapter 608, Florida Statutes.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

almou

(441) 747 - 2355

Daytime Phone #