#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

# ANNUAL REPORT DOCUMENT # L04000040901 1. Entity Name A.B. WEBSTER, LLC

SECRETARY OF STATE DIVISION OF CORPORATIONS

07 FEB -7 AM 10: 15

Principal Place of Business

Mailing Address

1806 38TH AVENUE EAST BRADENTON, FL 34205 1806 38TH AVENUE EAST BRADENTON, FL 34205



DATE

01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1201027

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and	Address	of Curre	nt Register	ed Agent

Signature, typed or printed name of registered agent and little if applicable

BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 11TH STREET WEST BRADENTON, FL 34205

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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 acceed the obligations of registered agent.	pt
S	GNATI RE	

(NOTE: Registered Agent signature required when reinstating)

#### Filing Fee is \$50.00 Due by May 1, 2007

9,	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	WEBSTER, ADRIENNE B			
STREET ADDRESS	7819 SAN JUAN AVENUE			
CITY-ST-ZIP	BRADENTON, FL. 34209			
TITLE	MGRM			
NAME	WEBSTER, WILLIAM			
STREET ADDRESS	7819 SAN JUAN AVENUE			
CITY-ST-ZIP	BRADENTON, FL 34209			
TITLE				
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CITY-ST-ZIP				
11. I hereby	11. I hereby certify that the information supplied with this filing does not qualify for the ex			



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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/27/0

941-761-0037

Date

Daytime Phone #