

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90201 006 ****50.00

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DOCUMENT # L04000041351					
1. Entity Name ERNST & WEBB, LLC					
Principal Place of Business 963 BARCAMIL WAY NAPLES, FL 34110			Mailing Address 963 BARCAMIL WAY NAPLES, FL 34110		
2. Principal Place of Business 809 WALKERBILT RD Suite, Apt. #, etc. #8		3. Mailing Address Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State		4. FEI Number 20-1194814	
Zip 34110		Country COLLIER		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, CHARLES R 963 BARCAMIL WAY NAPLES, FL 34110			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 963 BARCAMIL WAY City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WEBB, CHARLES R 963 BARCAMIL WAY NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY- ST- ZIP	963 BARCAMIL WAY	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ERNST, ROBERT 26042 CLARKSTON DR BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			1-28-05 1-239-591-0329 Date Daytime Phone #		