

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90075 027 \*\*\*138.75

**DOCUMENT # L04000041351**

1. Entity Name  
**ERNST & WEBB, LLC**



Principal Place of Business Mailing Address  
~~809 WALKERBILT RD STE B~~ **1415 PANTHER LN** **963 BARCAMIL WAY**  
~~NAPLES, FL 34110 34109~~ **SUITE 315** **NAPLES, FL 34110**

**30005126**



02252008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **20-1194814** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEBB, CHARLES R**  
**963 BARCAMIL WAY**  
**NAPLES, FL 34110**

**DO NOT WRITE  
IN THIS SPACE**

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 *Charles R Webb* *Member* *3/8/08*  
Signature must be signed name of registered agent and not the entity. (NOTE: Registered Agent signature required when translating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  
NAME **WEBB, CHARLES R**  
STREET ADDRESS **963 BARCAMIL WAY**  
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **MGRM**  
NAME **ERNST, ROBERT**  
STREET ADDRESS **26042 CLARKSTON DR**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE  
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STREET ADDRESS  
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**DO NOT WRITE  
IN THIS SPACE**

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: *Charles R Webb* *Managing Member* *4/24/08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone

**239-287-7796**