2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 APR 17 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000064225

1. Entity Name
WEBSTER, LEONARD & FREEMONT, LLC

Principal Place of Business	Mailing Address
C/O 2M, LLC 3225 S. MCLEOD DRIVE, SUITE 100 LAS VEGAS, NV 89121	C/O 2M, LLC 3225 S. MCLEOD DRIVE, SUITE 100 LAS VEGAS, NV 89121

04102007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
201 EAST GOVERNMENT ST	201 EAST GOVERNMENT ST
Suite, Apt. #, etc.: C/O BENTIN PROPERTIES, INC	Suite, Apt. #, etc.: C/O BENTIN PROPERTIES, INC
City & State: PENSACOLA, FL	City & State: PENSACOLA, FL
Zip: 32502 Country: USA	Zip: 32502 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENTIN PROPERTIES, INC 201 EAST GOVERNMENT STREET PENSACOLA, FL 32502	Name Street Address (P.O. Box Number is Not Acceptable) 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 [signature] 4/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR 2M, LLC 3225 S. MCLEOD DR., SUITE 100 LAS VEGAS, NV 89121	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR CHOICE CAPITAL, LLC PO BOX 1083 GULF BREEZE, FL 32562	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900009315479 04/24/07--01054--002 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/11/07 8502215562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #