

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90087 024 ****50.00

DOCUMENT # L04000079376

1. Entity Name
WEBER SOUTH FL, LLC



Principal Place of Business
**40800 COOK BROWN ROAD
PUNTA GORDA, FL 33982-7728**

Mailing Address
**30850 TELEGRAPH
STE 100
BIRMINGHAM, MI 48025**

2. Principal Place of Business

3. Mailing Address
40800 COOK BROWN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PUNTA GORDA, FL

Zip

Country

Zip
33982

Country
USA

01312006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1812843

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEBER, SCOTT
9214 PALM ISLAND CIRCLE
NORTH FORT MYERS, FL 33903**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **WEBER, SCOTT**
STREET ADDRESS **9214 PALM ISLAND CIRCLE**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE **MGRM** ☐ Delete
NAME **WEBER, GREGG**
STREET ADDRESS **1401 E SILVERBELL ROAD**
CITY-ST-ZIP **ORION, MI 48360**

TITLE **MGRM** ☐ Delete
NAME **WEBER, GERALDINE A**
STREET ADDRESS **1401 E SILVERBELL ROAD**
CITY-ST-ZIP **ORION, MI 48360**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4242 FISH LAKE RD.**
CITY-ST-ZIP **NORTH BRANCH, MI 48461**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1401 E. Silverbell Rd.**
CITY-ST-ZIP **Lake Orion - mi**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: *Geraldine A. Weber*

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

4-3-06 248-373-0900

Date

Daytime Phone #