2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # L0400092023					04-13-2006 90041 017 ****55.00				
1. Entity Name SCOTT WEBB INVESTMENTS LLC					i				
Principal Place	e of Business	Mailing Address							
		675 HERBERT ST PORT ORANGE, FL 321	575 HERBERT ST PORT ORANGE, FL 32129						
Principal Place of Business									
					55M 616M 82M 92M 82M				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State			4. FEI Number	o-2017893	- 1		plied For t Applicable
Zip	Country	Zip	Counti	гу		of Status Desired	2	5.00 Add	itional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered A	gent	
WEBB, SCOTT			İ	Name					
675 HERB				Street Address (Address (P.O. Box Number is Not Acceptable)				
TOICE OIL	ANOL, 1 C 02120		!						
			Ī	City		 :	FL	Zip Code	•
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its r	registere	d office or register	red agent, or bo	th, in the State of Flor	rida. I am fa	miliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	: Registered	Agent signature required	d when reinstating)		DATE		
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	iling Fee is \$50.00			·-			check pa		
	iling Fee is \$50.00 ue by May 1, 2006				_			yable to Int of State)
		ERS/MANAGERS	10.				Departme		
9. 11TLE	ue by May 1, 2006 MANAGING MEMB	ERS/MANAGERS	TITLE	1		Florida	Departme CHANGES		Addition
9.	MANAGING MEMB MGRM WEBB, SCOTT		TITLE NAME	1		Florida	Departme CHANGES	ent of State	
9. TITLE NAME	ue by May 1, 2006 MANAGING MEMB		TITLE NAME STREE	:		Florida	Departme CHANGES	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMB MGRM WEBB, SCOTT 675 HERBERT ST		TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP		Florida	Departme CHANGES	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMB MGRM WEBB, SCOTT 675 HERBERT ST	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP		Florida	Departme CHANGES	Change	Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 10, 2006