




AUG-25-2006 11:51

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90051 009 ****50.00

DOCUMENT # L04000092409			
1. Entity Name WEBSTER CONTRACTING, LLC			
Principal Place of Business 3210 ST AUGUSTINE COURT KISSIMMEE, FL 34746 US		Mailing Address 3210 ST AUGUSTINE COURT KISSIMMEE, FL 34746	
2. Principal Place of Business 4153 FLAMINGO BLVD		3. Mailing Address 4153 FLAMINGO BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT CHARLOTTE, FL		City & State PORT CHARLOTTE, FL	
Zip 33948	Country CHARLOTTE	Zip 33948	Country CHARLOTTE
6. Name and Address of Current Registered Agent WEBSTER, CHRISTOPHER 3210 ST AUGUSTINE COURT KISSIMMEE, FL		7. Name and Address of New Registered Agent Name WEBSTER CONTRACTING Street Address (P.O. Box Number is Not Acceptable) 4153 FLAMINGO BLVD PORT CHARLOTTE City FL Zip Code 33948	
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 		DATE	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBSTER, CHRISTOPHER 3210 ST AUGUSTINE COURT KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 		Date 8/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	