

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023759

FILED  
Jul 27, 2006  
Secretary of State

Entity Name: WEBBER IMS, LLC

**Current Principal Place of Business:**

1913 SOUTH OLIVE AVE  
WEST PALM BEACH, FL 33430

**New Principal Place of Business:**

1913 SOUTH OLIVE AVE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1913 SOUTH OLIVE AVE  
WEST PALM BEACH, FL 33430

**New Mailing Address:**

1913 SOUTH OLIVE AVE  
WEST PALM BEACH, FL 33401

FEI Number: 20-2537816      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WIEZBICKI, MIROSLAW  
1913 SOUTH OLIVE AVE  
WEST PALM BEACH, FL 33430      US

**Name and Address of New Registered Agent:**

WIEZBICKI, MIROSLAW  
1913 SOUTH OLIVE AVE  
WEST PALM BEACH, FL 33401      US

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.

SIGNATURE:

07/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WIERZBICKI, MIROSLAW  
Address: 1913 SOUTH OLIVE AVE  
City-St-Zip: WEST PALM BEACH, FL 33430

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIROSLAW WIERZBICKI

MGR

07/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date