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## FILED Apr 10, 2006 8:00 am Secretary of State 02-03-2006 90081 024 \*\*\*\*50.00

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000030571  1. Entity Name WEBER-DUNCAN HOLDINGS, LLC									
Principal Place of Business POST OFFICE BOX 41100 ST. PETERSBURG, FL 33743		Mailing Address POST OFFICE BOX 41100 ST. PETERSBURG, FL 33743			30004721				
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192006	Chg-LLC	CR2E0	33 (11/05)	
City & State		City & State			4. FEI Numb	2577	635		optied For at Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired 55.00 Additional Fee Required				
6. Name and Address of Current Registered Agent WEBER, TIMOTHY W				Name	7. Name an	d Address of New	Registered A	gent	-
980 TYRO	NNE BOULEVÄRD RSBURG, FL 33710			Street Address (	P.O. Box Numb	per is Not Acceptal	ble)		
	•			City			FL	Zip Cod	e
the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing is	s register	ed office or register	ed agent, or b	oth, in the State of I		emiliar with.	and accept
SIGNATURE	Signature, typed of printed name of regulared age	re and total applicable. [NOT	E Registere	nd Agent signature required	when remetating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006							ske check pa da Departme		•
9.	MANAGING MEME	<del></del>	10.	. 7		ADDITION	S/CHANGES		
NAME STREET ADDRESS CITY-SI-ZIP	WEBER, TIMOTHY W 980 TYRONE BOULEVARD ST. PETERSBURG, FL 33710	Oelete		-				Change	Addition
NAME STREET ADDRESS CITY-SI-ZIP	MGRM DUNCAN, TASHAWNA K 980 TYRONE BOULEVARD ST. PETERSBURG, FL 33710	☐ Delete	1					Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	31. FETEROSONO, FE 33710	☐ Celeta	TITU NAM STRE	E -				☐ Change	Addition
NAME STREET ADOPESS CITY-ST-ZIP		Ociete	TITUE NAM STRE	F		- /		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		·	<u>.</u>			☐ Change	☐ Addition
TITLE  MAME  SIREET ADDRESS  CITY - S1 - ZIP		☐ Delete		[				Change	Addition
l indicated	certify that the information supplied wi fon this report is true and accurate an ability company or the receiver or trust	d thai my sionature shall have	the same	e legal eflect es il m	tten rebou ehe	n that lean a mana	further certify to aging member	hat the infor or manager	rmation r of the
SIGNAT	URE: Lashacha	C DUNCAL  OF BIGHORD HANAGING MEMBER MA	MAGES OS	AUTHORITED DC POCKED	ITA TIME	1/2	16/2001	1	