2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000055057

1. Entity Name

WEBSTER TIMBER, LLC



FILED Feb 07, 2007 08:00 AM Secretary of State

Principal Place of Business

401 FERGUSON DRIVE ORLANDO, FL 32805

Mailing Address

401 FERGUSON DRIVE ORLANDO, FL 32805



01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2947775

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

CAWTHON, FRANK H JR. 401 FERGUSON DRIVE ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

9	. 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	Lam femilier with, and accept
٧.		whice or registered agent, or both	, in the state of Florida.	Tam Jamilia Willi, and accept
	the obligations of registered agent.			-
21	ICNATURE			

(NOTE: Registered Agent signature regulated when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUQUE, JEFFREY B 401 FERGUSON DRIVE ORLANDO, FL 32805		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAWTHORN, FRANK H 401 FERGUSON DRIVE ORLANDO, FL 32805		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		

U00000624879 02/14/07-80851-024 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not quality 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:	- FAM

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

Date

Daytime Phone #