


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000082324 1. Entity Name WEBSINFINITY, LLC	
--	---

Principal Place of Business 1008 WEST GARDEN STREET PENSACOLA, FL 32501 US	Mailing Address 1008 WEST GARDEN STREET PENSACOLA, FL 32501 US
--	--

DO NOT WRITE IN THIS SPACE



05082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 55-0908653	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent DOUGLAS, KAREN D 8183 MALIBU DRIVE PENSACOLA, FL 32514
--

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	000000950802 06/04/08-80006-008 138.75
--	--	---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUGLAS, KAREN D 8183 MALIBU DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, DEBORAH A 1342 MAZUREK BLVD PENSACOLA, FL 32514
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	

DO NOT WRITE IN THIS SPACE

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	5-8-08 <small>Date</small>	850-944-3449 <small>Daytime Phone #</small>
--	--------------------------------------	---