


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90130 040 \*\*\*\*50.00

<b>DOCUMENT # L05000088868</b>	
1. Entity Name <b>WEBB HOME BUILDERS, LLC</b>	

Principal Place of Business <b>5457 JONES STREET MILTON, FL 32570 US</b>	Mailing Address <b>5457 JONES STREET MILTON, FL 32570 US</b>
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2. Principal Place of Business - No P.O. Box # <b>5174 Hawks Nest Dr</b>	3. Mailing Address <b>5174 Hawks Nest Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Milton, FL</b>	City & State <b>Milton, FL</b>
Zip <b>32570</b>	Zip <b>32570</b>
Country <b>USA</b>	Country <b>USA</b>

01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3464764</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WEBB, AMY J 5457 JONES STREET MILTON, FL 32570</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>N/A</b> City <b>FL</b> Zip Code	

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 <b>January 8, 2007</b>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEBB, AMY J 5457 JONES STREET MILTON, FL 32570</b> <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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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

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.

<b>SIGNATURE</b> 	<b>Amy J Webb</b>	<b>Jan 8, 2007</b>	<b>850 386 3454</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #