04/10/2008 16:47 850-245-6030 REGISTRAT

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90114 046 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000088868

1. Entity Name
WEBB HOME BUILDERS, LLC

60023579

Principal Place of Business
5174 HAWKS NEST DR
MILTON, FL 32570 US

Mailing Address
5174 HAWKS NEST DR
MILTON, FL 32570 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5962 Ridgeview Dr		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc. as	
City & State: Milton, FL		City & State: principal	
Zip: 32570	Country: USA	Zip	Country

04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-3464764 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBB, AMY J 5457 JONES STREET MILTON, FL 32570	Name: Street Address (P.O. Box Number Is Not Acceptable): 5962 Ridgeview Dr City: Milton FL Zip Code: 32570

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 [signature] 04-10-08
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WEBB, AMY J 5457 JONES STREET MILTON, FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5962 Ridgeview Dr Milton, FL 32570	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 04-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #