

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103805

FILED  
May 09, 2006  
Secretary of State

**Entity Name:** ROSEMARIE ANNE L-WEBSTER LLC

**Current Principal Place of Business:**

7378 WEST ATLANTIC BLVD., #309  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

7378 WEST ATLANTIC BLVD., #309  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 20-3662748      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

ROSEMARIE ANNE L-WEBSTER  
7378 WEST ATLANTIC BLVD UNIT-309  
MARGATE, FL 33063 US

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.

SIGNATURE: ROSEMARIE ANNE L-WEBSTER

05/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LANGLEY-WEBSTER, ROSEMARIE A  
Address: 7378 WEST ATLANTIC BLVD., #309  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSEMARIE ANNE L-WEBSTER

PRES

05/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date