

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060964

FILED
Mar 22, 2007
Secretary of State

Entity Name: WEBSTER VENTURE CAPITAL LLC

Current Principal Place of Business:

7940 PRESERVE CIR. APT. 912
NAPLES, FL 34119

New Principal Place of Business:

19480 LA SERENA DR
FORT MYERS, FL 33967 US

Current Mailing Address:

7940 PRESERVE CIR. APT. 912
NAPLES, FL 34119

New Mailing Address:

19480 LA SERENA DR
FORT MYERS, FL 33967 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEBSTER, JASON
Address: 7940 PRESERVE CIR. APT. 912
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: WEBSTER, CARA
Address: 7940 PRESERVE CIR. APT. 912
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: WEBSTER, JASON
Address: 19480 LA SERENA DR
City-St-Zip: FORT MYERS, FL 33967

Title: D (X) Change () Addition
Name: WEBSTER, CARA
Address: 19480 LA SERENA DR
City-St-Zip: FORT MYERS, FL 33967

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: JASON WEBSTER

MGRM

03/22/2007

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