

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000729

FILED
Feb 02, 2004
Secretary of State

Entity Name: WEBB, LORAH & COMPANY, P.L.

Current Principal Place of Business:

1625 WEST MARION AVE.
SUITE 6
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

1625 WEST MARION AVE.
SUITE 6
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0161812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, SANKEY E III
1625 WEST MARION AVE.
SUITE 6
PUNTA GORDA, FL 33950 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/MEMBERS:

Title: MRGM () Delete
Name: WEBB, SANKEY E III
Address: 1625 WEST MARION AVE., STE. 6
City-St-Zip: PUNTA GORDA, FL 33950

Title: MRGM () Delete
Name: LORAH, GEOFFREY L
Address: 1625 WEST MARION AVE., STE. 6
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEBB, SANKEY E III
Address: 1625 WEST MARION AVE., STE. 6
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM (X) Change () Addition
Name: LORAH, GEOFFREY L
Address: 1625 WEST MARION AVE., STE. 6
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANKEY E. WEBB, III

MGRM

02/02/2004

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