
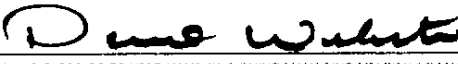


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DAVID WEBSTER, LLC 3914 PALMIRA AVENUE TAMPA FL 33629		DOCUMENT # L98000003013		1a. Principal Place of Business Address 3914 PALMIRA AVENUE TAMPA FL 33629	
2. Principal Place of Business 3914 PALMIRA AVE		2a. Mailing Address Same		3. Date Organized or Qualified 11/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State Tampa, FL		City & State Tampa FL		4. FEI Number 59-3549588	
Zip 33629		Country Hills		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report ---		6. Certificate of Status Desired FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent WEBSTER, DAVID 3914 PALMIRA AVENUE TAMPA FL 33629				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
				500002868525-8 -05/07/99 -01135--014 ****188.75 FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WEBSTER, DAVID	3914 PALMIRA AVENUE		TAMPA FL	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		april 23, 1999		813-922-1943	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	