



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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| DOCUMENT # M02000001445 | |  |
| 1. Entity Name WEBTPA EMPLOYER SERVICES, LLC | | |
| Principal Place of Business 8500 FREEPORT PKWY SOUTH SUITE 400 IRVING, TX 75063 | | Mailing Address 8500 FREEPORT PKWY SOUTH SUITE 400 IRVING, TX 75063 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | |
| 9. MANAGING MEMBERS/MANAGERS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WEBTPA, INC. 8500 FREEPORT PKWY SOUTH IRVING, TX 75063 | |
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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:  | | 4/13/07 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> |



04092007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 75-2611444 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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05/02/07-80126-013 50.00