


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90119 004 ***143.75

DOCUMENT # M06000003557 1. Entity Name DEVIN WEBB MINISTRIES, LLC					
Principal Place of Business 5842 EAGLE CAY CIRCLE COCONUT CREEK, FL 33073			Mailing Address 5842 EAGLE CAY CIRCLE COCONUT CREEK, FL 33073		
2. Principal Place of Business - No P.O. Box # 4974 Cypress Way Suite, Apt. #, etc.		3. Mailing Address 4974 Cypress Way Suite, Apt. #, etc.			
City & State Coconut Creek Zip 33073		City & State Coconut Creek Zip 33073		4. FEI Number 62-1808213	
Country Florida		Country Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, ASHLEY E 5842 EAGLE CAY CIRCLE COCONUT CREEK, FL 33073				7. Name and Address of New Registered Agent Name Webb, Ashley E Street Address (P.O. Box Number is Not Acceptable) 4974 Cypress Way City Coconut Creek FL Zip Code 33073	
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 <u><i>Ashley E Webb</i></u> DATE <u>1-17-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBB, ASHLEY E 5842 EAGLE CAY CIRCLE COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Webb, Ashley E 4974 Cypress Way Coconut Creek FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBB, DEVIN G 5842 EAGLE CAY CIRCLE COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Webb, Devin G 4974 Cypress Way Coconut Creek FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Ashley E Webb</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1-17-08</u> Daytime Phone # <u>954-698-9565</u>		