


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

**Feb 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000028940
1. Entity Name
WHITING EDGE SYSTEMS, LLC



Principal Place of Business
**3873 S.W. BRUNER TERRACE
PALM CITY, FL 34990**

Mailing Address
**POST OFFICE BOX 1292
PALM CITY, FL 34991**



02012006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1022316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EUGENE FRANK WHITING
3873 S.W. BRUNER TERRACE
PALM CITY, FL 34990**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EUGENE FRANK WHITING POST OFFICE BOX 1292 PALM CITY, FL 34991
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02/18/06-80004-014 50.00

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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: Gene Whiting **1/31/06** **772-223-1215**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #