


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000074727</b> 1. Entity Name 1023 WHITEHEAD, LLC	
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Principal Place of Business 20 DRIFTWOOD DRIVE KEY WEST, FL 33040	Mailing Address 20 DRIFTWOOD DRIVE KEY WEST, FL 33040
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**DO NOT WRITE IN THIS SPACE**



02192008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0790413	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

EID, STEVEN A  
20 DRIFTWOOD DRIVE  
KEY WEST, FL 33040

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

DATE  
04/07/08-80030-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EID, STEVEN A 20 DRIFTWOOD DRIVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, SCOTT C 2040 LANGHAM LANE RALEIGH, NC 27615
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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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:** Steve A EID 2/12/08 305-294-6632  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #