

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088515

Entity Name: WHITNEY HOMES, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

650 CHRISTINA LAKE DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

350 CHRISTINA LAKE DRIVE
LAKELAND, FL 33813

New Mailing Address:

650 CHRISTINA LAKE DRIVE
LAKELAND, FL 33813

FEI Number: 20-3524929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUMMOND, TEMPLE H ESQ
DRUMMOND & ROSS, LLP
8875 HIDDEN RIVER PARKWAY, SUITE 300
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

SCALLAN, KYLE M PRES
1828 VISTA RIVER DR.
VALRICO, FL 33594 US

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.

SIGNATURE: KYLE SCALLAN

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: WHITNEY, CHRISTOPHER C PRES
Address: 3210 THOROUGHbred LOOP N
City-St-Zip: LAKELAND, FL 33811 US

Title: PRES () Delete
Name: SCALLAN, KYLE M PRES
Address: 1828 VISTA RIVER DR.
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: WHITNEY, CHRISTOPHER C PRES
Address: 650 CHRISTINA LAKE DR.
City-St-Zip: LAKELAND, FL 33813 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER WHITNEY

PRES

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date