

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019692

FILED
Mar 20, 2009
Secretary of State

Entity Name: ANCIENT WHISPERS LLC

Current Principal Place of Business:

7905 PINE CROSSINGS CIR.
APT. # 737
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

7905 PINE CROSSINGS CIR.
APT. # 737
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 39-2071605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACPHALE, JOE
7905 PINE CROSSINGS CIR.
APT. # 737
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MACPHALE, JOE
Address: 7905 PINE CROSSINGS CIR. APT. # 737
City-St-Zip: ORLANDO, FL 32807

Title: MGRM () Delete
Name: NEWHOUSE, DAVID C
Address: 7905 PINE CROSSINGS CIR. APT. # 737
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES:

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

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: JOE MACPHALE

MGRM

03/20/2009

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