


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A10415 1. Entity Name WHISPER LAKE, LTD.					
Principal Place of Business % BILL WELDEN P.O. BOX 55465 BIRMINGHAM, AL 35255			Mailing Address % BILL WELDEN P.O. BOX 55465 BIRMINGHAM, AL 35255		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01042005 Chg-LP CR2E003 (10/03)	
4. FEI Number 63-0808010				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable		
9. Capital Contributions as Shown on record. \$3,635,652.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # M97000000785 NAME WHISPER LAKE, L.L.C. STREET ADDRESS 1103 RICHARD ARRINGTON, JR., BLVD. SOUTH CITY-ST-ZIP BIRMINGHAM, AL 35205			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # P38621 NAME SOUTHEASTERN CAP., CORP. STREET ADDRESS 1103 RICHARD ARRINGTON, JR., BLVD. SOUTH CITY-ST-ZIP BIRMINGHAM, AL			STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>William B Welden, Vice President</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date: 1/6/05 (205) 933-1020					

STAPLE CHECK HERE