2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

| Principal Place of Business % BILL WELDEN P.O. BOX 55465 BIRMINGHAM, AL 35255 2. Principal Place of Business - No P.O Box # Suite, Apt. #, etc. City & State Mailing Address Mailing Address Suite, Apt. #, etc. Mailing Address Suite, Apt. #, etc. City & State | 5 | SECRETARE UP STATE TALLAHASSEE, FLORIDA |
|---|--|--|
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | ! |
| | | |
| City & State City & State | | 01302007 Chg-LP CR2E003 (12/06) |
| | - | 4. FEI Number Applied For 63-0808010 Not Applied For |
| Zip Country Zip | Country | 5. Certificate of Status Desired |
| 6. Name and Address of Current Registered Agent | Name | 7. Name and Address of New Registered Agent |
| NRAI SERVICES, INC. | | (DO Day Number in No. According) |
| 2731 EXECUTIVE PARK DRIVE SUITE 4 | Sireet Addre | ss (P.O. Box Number is Not Acceptable) |
| WESTON, FL 33331 | City | - 17.0 h |
| The above named entity submits this statement for the purpose of changing its relationship. | [| FL Zip Code |
| the obligations of registered agent. | registered dirice or regi | sided agent, or both, in the state of hiorida. I am familiar with, and accep |
| SIGNATURE ———————————————————————————————————— | | DATE |
| FILE NOW!!! FEE IS \$500.00 | | \ (\delta \) |
| After May 1, 2007, Fee will be \$900. A GENERAL PARTNER THAT IS A BUSINESS ENT | FITY MUST BE REG | ISTERED AND ACTIVE WITH THIS OFFICE. |
| NOTE: General Partners MAY NOT be changed on the general partner information | e form; an amendo | nent must be filed to change a general partner. ADDRESS CHANGES ONLY |
| DOCUMENT / M9700000785 | | |
| NAME. WHISPER LAKE, L.L.C. SIBEL! ADDRESS 1103 RICHARD ARRINGTON, JR., BLVD. SOUTH | | 1.0,BOX 55465 |
| CITY-S1-2/P BIRMINGHAM, AL 35205 DOCUMENT # P38621 | | irmingham, AL 35255 |
| NAME SOUTHEASTERN CAP., CORP. | STREET ADDRESS 2 | 140 11th Avenues Suite |
| STREET ADDRESS 1103 RICHARD ARRINGTON, JR., BLVD. SOUTH GITY-ST-ZIP BIRMINGHAM, AL | CITY ST 7IP | sirming hoem, AL 35205 |
| DOCUMENT / NAME. | STREET ADDRESS | |
| STRIET ADDRESS CHY-ST-ZIP | CITY - ST - ZIP | |
| DOCUMENT # | STREET ADDRESS | , |
| NAME STREET ADDRESS | CITY-ST-ZIP | 700089613627 |
| CHY-S1-ZIP DOCUMENT / | _ | 02/27/0701057013 **500.00 |
| NAME STREET ADDRESS | STREET ADORESS | |
| STREET AUDIESS CHY-ST-ZIP | CHY-SI-ZIP | |
| DOCUMENT / NAME | STREET ADDRESS | |
| STREET ADDRESS CITY-S1-7IP | CITY ST ZIP | |
| 14. I hereby certify that the information supplied with this filing does not qualify for indicated on this report is true and accurate and that my signature shall have the or the receiver or trustee empowered to execute this report as required by Chap Whisper Lake LLC, Gorald SIGNATURE: | he same legal effect as inter 620. Florida Statut | if made under oath; that I am a General Partner of the limited partnership |
| | L PARTNER | |