2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # A32726

1. Entity Name
WHISPERING WATERS N.W., LTD.

Principal Place of Business	Mailing Address
8371 WATERFORD CIRCLE TAMARAC, FL 33321	8371 WATERFORD CIRCLE TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

03012007 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-0322543
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARD, SANFORD N., ESQ., P.A.
2875 NE 191ST STREET
SUITE 404
NORTH MIAMI BEACH, FL, FL 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $500.00
After May 1, 2007, Fee will be $900.00

U00000664484
03/22/07-80046-015 500.00

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

DOCUMENT #	V21849
NAME	MAWN, INC.
STREET ADDRESS	8371 WATERFORD CIR.
CITY-ST-ZIP	TAMARAC, FL 33321
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Elliot Godel Elliot Godel 3/7/07 954-960-1447
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING GENERAL PARTNER — Date — Daytime Phone #