

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT #A32726

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



Principal Place of Business
**8371 WATERFORD CIRCLE
TAMARAC, FL 33321**

Mailing Address
**8371 WATERFORD CIRCLE
TAMARAC, FL 33321**



01232008 No Chg-LP

CR2E003 (12/08)

DO NOT WRITE IN THIS SPACE

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 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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$800.00**

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 # **V21848**
NAME **MAVNA, INC.**
STREET ADDRESS **8371 WATERFORD CIR.**
CITY-ST-ZIP **TAMARAC, FL 33321**

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U00000809685
02/08/08 80031-021-500-00

**DO NOT WRITE
IN THIS SPACE**

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

1/24/08

954-960-1447

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE