

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

RECEIVED

Jan 31, 2007 08:00 AM
Secretary of State
FLORIDA AQUASTORE

DOCUMENT # L00000008175 1. Entity Name C102, L.L.C.	
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Principal Place of Business C/O JOHN D. WHELCHER 4722 NW BOCA RATON BOULEVARD BOCA RATON FL 33431	Mailing Address C/O JOHN D. WHELCHER 4722 NW BOCA RATON BOULEVARD BOCA RATON FL 33431
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1st MOORE CR2E083 (10/06)

4. FEI Number 65-1030142 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WHELCHER, JOHN 4722 NW BOCA RATON BLVD STE C-102 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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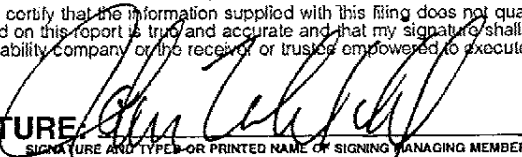
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WHELCHER, JOHN D 4722 NW BOCA RATON BOULEVARD BOCA RATON FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	U000000612526 02/05/07-80002-005 50.00 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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  JOHN WHELCHER 1/29/07 501-994-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #