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## FILED Apr 26, 2004 08:00 AM Secretary of State

## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L00000009501

1. Entity Name WHITING JONES DESIGNS LLC



Principal Place of Business

1766 20TH AVENUE VERO BEACH, FL 32960

SIGNATURE:

Mailing Address

5200 N. FLAGLER DR., SUITE 1204 WEST PALM BEACH, FL 33407



04082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1082166 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7528 IAS

6. Name and Address of Current Registered Agent

WHITING, PETER 5200 N. FLAGLER DR., SUITE 1204 WEST PALM BEACH, FL 33407

## 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 ingretered agent and site if applicable		(NOTE. Registered Agent signature required when renstating)	OATE
filing Fee is \$50.00 Bue by May 1, 2004			U00000128657 04/26/04-80046-020 50.00
9	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITING, PETER 5200 N. FLAGLER DR., SUITE 1204 WEST PALM BEACH, FL 33407		
TITLE NAME STREET ADDRESS CIEY-SE-JIP			
TITLE NAME STPEET ADDRESS CHY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS (STY-ST-ZIP)		IN	THIS SPACE
HILE MALIE SIPEEF ADDRESS CITY-SI-JIP			
NITUS NAME SIREET ADORESS CITY-ST-ZEP			
11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE