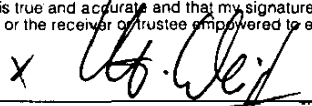


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90214 050 ****50.00

DOCUMENT # L01000021400 1. Entity Name WHL CONSULTING, LLC			
Principal Place of Business 11380 PROSPERITY FARMS ROAD, SUITE 217 SUITE 110A PALM BEACH GARDENS, FL 33410		Mailing Address 11380 PROSPERITY FARMS ROAD, SUITE 217 SUITE 110A PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business - No P.O. Box # 11380 PROSPERITY FARMS RD Suite, Apt. #, etc. SUITE 215		3. Mailing Address 11380 PROSPERITY FARMS RD Suite, Apt. #, etc. SUITE 215	
City & State PALM BEACH GARDENS FL Zip 33410		City & State PALM BEACH GARDENS FL Zip 33410	
Country USA		Country USA	
4. FEI Number 65-1152977		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02282007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent THIEMAN, DIETERA 11380 PROSPERITY FARMS RD 217 STE 110A PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name THIEMANN, DIETER A. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS RD STE 215 City PALM BEACH GARDENS FL Zip Code 33410	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME THEIMANN, DA STREET ADDRESS 11380 PROSPERITY FARMS ROAD SUITE 110A CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME THIEMANN, DIETER A STREET ADDRESS 11380 PROSPERITY FARMS RD STE 215 CITY-ST-ZIP PALM BEACH GARDENS FL 33410	TITLE MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME HERBERT WEIGL STREET ADDRESS 11380 PROSP. FARMS RD 215 CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. 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 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: x  HERBERT WEIGL		Date 2/28/07 Daytime Phone #	