

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007312

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: WHITTAKER REAL ESTATE INVESTMENTS, LLC

**Current Principal Place of Business:**

7365 MERCHANT COURT  
SUITE 2  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

7365 MERCHANT COURT  
SUITE 2  
SARASOTA, FL 34240 US

**New Mailing Address:**

FEI Number: 03-0439341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADDISON, MICHAEL C  
400 N. TAMPA ST.  
SUITE 400  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

ADDISON, MICHAEL C  
400 N. TAMPA ST.  
SUITE 1100  
TAMPA, FL 33602 US

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.

SIGNATURE:

01/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WHITTAKER, WAYNE A  
Address: 7365 MERCHANT COURT, SUITE 2  
City-St-Zip: SARASOTA, FL 34240 US

Title: MGRM ( ) Delete  
Name: WHITTAKER, DIANE E  
Address: 7365 MERCHANT COURT, SUITE 2  
City-St-Zip: SARASOTA, FL 34240 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WAYNE A. WHITTAKER

MGRM

01/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date