

ANNUAL REPORT

DOCUMENT # L02000014830

1. Entity Name
WILHERST/F, LLC

Principal Place of Business

800 W PLATT
STE 2
TAMPA, FL 33606

Mailing Address

800 W PLATT
STE 2
TAMPA, FL 33606**FILED**
Apr 16, 2004 08:00 AM
Secretary of State

04132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3731987

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGLETON, STEVEN D
101 EAST KENNEDY BLVD., STE. 2700
TAMPA, FL 33602**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004U000000116819
04/16/04-80080-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROSENFELD, MARK K
STREET ADDRESS	800 W PLATT, STE 2
CITY-ST-ZIP	TAMPA, FL 33606

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mark K. Rosenfeld

4/13/04

813 250 1717

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

Date

Daytime Phone #