

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-01-2003 90275 011 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000015672

1. Entity Name
WHISPERING WIND RANCH, LLC



Principal Place of Business
19202 HANNA ROAD
LUTZ, FL 33549

Mailing Address
19202 HANNA ROAD
LUTZ, FL 33549

44003104

2. Principal Place of Business
**13701 US Hwy 98 N.
Suite, Apt. #, etc.
Lake And Florida
City & State**

3. Mailing Address
Suite, Apt. #, etc.

Zip
33809 Country
USA

Zip Country

4. FEI Number Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**PULEO, PAUL
19202 HANNA ROAD
LUTZ, FL 33549**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 changing)

DATE

FILE NOW!!! FEE IS \$60.00
Make Check Payable to Florida Department of State
DUE BY MAY 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE **MANAGING member** ☐ Delete
NAME **PAUL PULEO**
STREET ADDRESS **19202 HANNA RD.**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

4-28-03 813-876-7074

Date

Daytime Phone #

CR2E033 (10/02)