

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90183 032 ****50.00

DOCUMENT # L02000017663

1. Entity Name
WHALEN REALTY CAPITAL, LLC



Principal Place of Business
**VENTURE CORPORATE CENTER II
200 S. PARK RD. SUITE 320
HOLLYWOOD, FL 33021 US**

Mailing Address
**VENTURE CORPORATE CENTER II
200 S. PARK RD. SUITE 320
HOLLYWOOD, FL 33021 US**

60016169



DO NOT WRITE IN THIS SPACE

01172007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
04-3703788

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHRAGER, JOSHUA W
VENTURE CORPORATE CENTER II
200 S. PARK RD. SUITE 320
HOLLYWOOD, FL 33021**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WHALEN, PAUL M
~~4651 SHERIDAN STREET #320~~ 200 S. PARK RD #320
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHRAGER, JOSHUA W
~~4651 SHERIDAN STREET #320~~ 200 S. PARK RD #320
HOLLYWOOD, FL 33021**

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Joshua W. Schrager
Manager

1-18-07

**(954)
963-7120**