

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031082

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: WHITEFISH INVESTMENTS, LLC

**Current Principal Place of Business:**

997 ILEX WAY  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

997 ILEX WAY  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 61-1432241      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BUTLER, WILLIAM F  
997 ILEX WAY  
TALLAHASSEE, FL 32312      US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BUTLER, WILLIAM F MR.  
Address: 997 ILEX WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: ALLEN, III, THOMAS W MR.  
Address: 831 N MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: DESLOGE, BRYAN M MR.  
Address: 3057 HAWKS GLEN  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

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

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 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: THOMAS W. ALLEN

MR.

04/27/2006

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