

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031082

FILED
Apr 17, 2009
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 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.

04/17/2009

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