2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90553 002 ****50.00

DOCUMENT # L03000000846

1. Entity Name
NORTH WHISPERING PINES PROPERTY LIMITED LIABILITY COMPANY

24029799

Principal Place of Business	Mailing Address
PO BOX 432 WEST PALM BEACH, FL 33402	PO BOX 432 WEST PALM BEACH, FL 33402

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3095662 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FABRIKANT, MICHAEL R ESQ 2051 BOREALIS WAY WESTON, FL 33327	Name Charles Musgrove Street Address (P.O. Box Number is Not Acceptable) 2328 S. Congress Avenue Suite 1D City West Palm Beach FL Zip Code 33406

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 Charles W. Musgrove Charles W Musgrove 2-11-04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TENNANT, MAELOUISE L PO BOX 432 WEST PALM BEACH, FL 33402	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR Maelouise L. Tennant Revocable Trust Dated 12/7/02 P.O. Box 432 West Palm Beach, FL 33402	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANLIL HOLDINGS LIMITED PARTNERSHIP PO BOX 432 WEST PALM BEACH, FL 33402	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ML Trustee 2/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #