2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000846

1. Entity Name
NORTH WHISPERING PINES PROPERTY LIMITED LIABILITY COMPANY

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

DO NOT WRITE IN THIS SPACE

03292005 No 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

MUSGROVE, CHARLES
2328 S CONGRESS AVE
STE 1D
WEST PALM BEACH, FL 33406

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

000000308078
04/15/05-80082-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MAELOUISE L TENNANT REVOCABLE TRUST
STREET ADDRESS	PO BOX 432
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #