


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000000846</b>	
1. Entity Name <b>NORTH WHISPERING PINES PROPERTY LIMITED LIABILITY COMPANY</b>	

Principal Place of Business <b>PO BOX 432 WEST PALM BEACH, FL 33402</b>	Mailing Address <b>PO BOX 432 WEST PALM BEACH, FL 33402</b>
--	--

DO NOT WRITE IN THIS SPACE



03122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>75-3095662</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MUSGROVE, CHARLES 2328 S CONGRESS AVE STE 1D WEST PALM BEACH, FL 33406</b>
--

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 re-stating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>MGRM CARL A FLICK REVOCABLE TRUST POB 432 WEST PALM BEACH, FL 33402</b>
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	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

DO NOT WRITE  
IN THIS SPACE

U000000718071  
05/01/07-80008-003 50.00

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:** Carl A. Flick **CARL A. FLICK** 4/14/07 0022880000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #