## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## 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

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PO BOX 432

WEST PALM BEACH, FL 33402

## FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90319 028 \*\*\*138.75

DUU40441



04042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
75-3095662		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

CITY-ST-ZIP

WEST PALM BEACH, FL 33406

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	named entity submits this statement for the purpose of cha iions of registered agent.	anging its registered o	ffice or registered agent, or both, in the	State of Florida. I am familiar with, and a	accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered			Agent signature required when reinstating) DATE		
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAME	CARL A FLICK REVOCABLE TRUST			•	
STREET ADDRESS	POB 432				
CITY-\$1-ZIP	WEST PALM BEACH, FL 33402			•	
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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:	Me a.	7.680c	
SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING MAN	AGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Ī

1.1121

4/17/08

Daytime Phone #