

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000846

FILED
Apr 14, 2009
Secretary of State

Entity Name: NORTH WHISPERING PINES PROPERTY LIMITED LIABILITY COMPANY

Current Principal Place of Business:

PO BOX 432
WEST PALM BEACH, FL 33402

New Principal Place of Business:

2328 S CONGRESS AVE
WEST PALM BEACH, FL 33406

Current Mailing Address:

PO BOX 432
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 75-3095662 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MUSGROVE, CHARLES
2328 S CONGRESS AVE
STE 1D
WEST PALM BEACH, FL 33406 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: CARL A FLICK REVOCABLE TRUST
Address: POB 432
City-St-Zip: WEST PALM BEACH, FL 33402

ADDITIONS/CHANGES:

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: CARL A. FLICK

MGRM

04/14/2009

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