

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000009727

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Entity Name:** WHISPERING OAKS HOUSING ASSOCIATES II, LLC

**Current Principal Place of Business:**

1006 BECKSTROM DRIVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

900 S WATERS STREET  
STARKE, FL 32091

**Current Mailing Address:**

1006 BECKSTROM DRIVE  
OVIEDO, FL 32765

**New Mailing Address:**

247 N WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 01-0785525      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

EDWARDS, BECKY T  
1006 BECKSTROM DRIVE  
OVIEDO, FL 32765      US

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324      US

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: BARBARA A. BURKE, SPEC ASST SCC  
Electronic Signature of Registered Agent

10/08/2007  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ENB DEVELOPMENT GROU, P II, LLC  
Address: 1006 BECKSTROM DRIVE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title: VP      (X) Change ( ) Addition  
Name: HESMAN, ABBY S  
Address: 247 N WESTMONTE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ABBY S. HESMAN

VP

10/08/2007

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