2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000011756

WHISPER ZONE, LLC



Principal Place of Business

1580 SAWGRASS CORPORATE PARKWAY

SUITE 130 SUNRISE, FL 33323

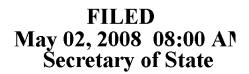
CITY-ST-ZIP

Mailing Address

1580 SAWGRASS CORPORATE PARKWAY

SUITE 130

SUNRISE, FL 33323





04272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 41-2090706	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DENNISON & DENNISON, P.A. 1580 SAWGRASS CORPORATE PARKWAY **SUITE 130** SUNRISE, FL 33323

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	ions directisted adenti	registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept Jennism		
FILE NOW!II FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME	MGRM DENNISON, JOHN MGRM	\$\tau_{\text{\tin}\text{\te}\tint{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tetx{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\tin\text{\text{\text{\ti}}}\tinttitex{\text{\texi}\		
STREET ADDRESS CITY-ST-ZIP	1580 SAWGRASS CORPORATE PKWY #130 SUNRISE, FL 33323			
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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 receptor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE