

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90033 004 \*\*\*\*50.00

**DOCUMENT # L03000017621**



1. Entity Name  
WHC AT GAMBLE CREEK, LLC

Principal Place of Business  
714 MANATEE AVE. EAST  
BRADENTON, FL 34208

Mailing Address  
714 MANATEE AVE. EAST  
BRADENTON, FL 34208

00001431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
56-2357592

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEROLD, FRANK L  
714 MANATEE AVE. EAST  
BRADENTON, FL 34208

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME HEROLD, FRANK L  
STREET ADDRESS 743 HILLCREST DRIVE  
CITY-ST-ZIP BRADENTON, FL 34209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME BRITTON, H WILLIAMS  
STREET ADDRESS 113 30TH ST WEST  
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3618 2ND AVENUE W.  
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

1/11/06 (941) 714-8834