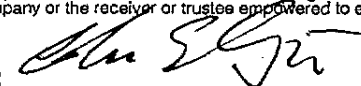


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000018831 1. Entity Name WHITAKER BAYOU MAINTENANCE PROJECT, L.L.C.		
Principal Place of Business C/O JAMES TOALE, ESQ. 2750 RINGLING BLVD., SUITE 3 SARASOTA, FL 34237		Mailing Address C/O JAMES TOALE, ESQ. 2750 RINGLING BLVD., SUITE 3 SARASOTA, FL 34237
DO NOT WRITE IN THIS SPACE		
		05162005 No Chg-LLC CR2E083 (10/03)
4. FEI Number 41-2097871		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent RUSSELL, JEFFREY S ESQ. 240 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE
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 September 7, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TOALE, JAMES 2750 RINGLING BLVD., SUITE 3 SARASOTA, FL 34237	 000001364159 06/08/05-80002-0016 \$0.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MWA, NANCY 1140 SYLVAN DR. SARASOTA, FL 34234	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GITHLER, CHARLES E 1258 N. PALM AVE. SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE		
Date _____ Daytime Phone # _____		