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	Mailing Address
C/O JAMES TOALE, ESQ. 2750 RINGLING BLVD., SUITE 3 SARASOTA, FL 34237	C/O JAMES TOALE, ESQ. 2750 RINGLING BLVD., SUITE 3 SARASOTA, FL 34237

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05162005No 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

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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	MGR
NAME	TOALE, JAMES
STREET ADDRESS	2750 RINGLING BLVD., SUITE 3
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	MGRM
NAME	MWA, NANCY
STREET ADDRESS	1140 SYLVAN DR.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	MGRM
NAME	GITHLER, CHARLES E
STREET ADDRESS	1258 N. PALM AVE.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/08/05-80002-006 50.00

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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 #