

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023180

FILED
Jan 07, 2004
Secretary of State

Entity Name: WHIRL, LLC

Current Principal Place of Business:

2318 CANASTA DRIVE
BRADENTON BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

2318 CANASTA DRIVE
BRADENTON BEACH, FL 34217

New Mailing Address:

FEI Number: 37-1469573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIENGA, WARREN B
2318 CANASTA DRIVE
BRADENTON BEACH, FL 34217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FIENGA, WARREN B
Address: 2318 CANASTA DRIVE
City-St-Zip: BRADENTON BEACH, FL 34217

Title: MGRM () Delete
Name: HAMILTON, JAMES
Address: 413 28TH. ST. NORTH
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGRM () Delete
Name: JONES, WARD L
Address: 4302 DEEPWATER LANE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WHEELER, STEVEN
Address: 15707 CASHMERE LANE
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN WHEELER

MGRM

01/07/2004

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