

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 06, 2005 08:00 AM  
Secretary of State

DOCUMENT # L03000024006

1. Entity Name  
WHITAKER GARDENS LLC



Principal Place of Business  
6891 CO HWY 280 E  
DE FUNIAK SPRINGS, FL 32435

Mailing Address  
6891 CO HWY 280 E  
DE FUNIAK SPRINGS, FL 32435



03252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0790533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, CRAIG S CPA  
38 S 8TH ST  
DE FUNIAK SPRINGS, FL 32435

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME WHITAKER, JAMES W  
STREET ADDRESS 6891 CO HWY 280 E  
CITY-ST-ZIP DE FUNIAK SPRINGS, FL 32435

TITLE MGRM  
NAME WHITAKER, JAMES W II  
STREET ADDRESS 6891 CO HWY 280 E  
CITY-ST-ZIP DE FUNIAK SPRINGS, FL 32435

TITLE MGRM  
NAME WHITAKER, APRIL V  
STREET ADDRESS 6891 CO HWY 280 E  
CITY-ST-ZIP DE FUNIAK SPRINGS, FL 32435

TITLE MGRM  
NAME WHITAKER, ANNIE M  
STREET ADDRESS 6891 CO HWY 280 E  
CITY-ST-ZIP DE FUNIAK SPRINGS, FL 32435

TITLE MGRM  
NAME WHITAKER, JAMIE L  
STREET ADDRESS 6891 CO HWY 280 E  
CITY-ST-ZIP DE FUNIAK SPRINGS, FL 32435

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000290246  
04/06/05-80058-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

4/4/05

850-892-9082