


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000024006 1. Entity Name WHITAKER GARDENS LLC	
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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
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DO NOT WRITE IN THIS SPACE



02012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0790533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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.

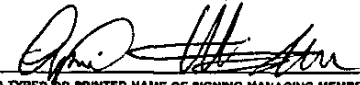
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITAKER, JAMES W 6891 CO HWY 280 E DE FUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITAKER, JAMES W II 6891 CO HWY 280 E DE FUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITAKER, APRIL V 6891 CO HWY 280 E DE FUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITAKER, ANNIE M 6891 CO HWY 280 E DE FUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITAKER, JAMIE L 6891 CO HWY 280 E DE FUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000642491 03/01/07-80045-025 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **2/20/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #