2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 27, 2008 8:00 am
Secretary of State
03-06-2008 90246 039 ***138.75

DOCUMENT # L03000024006

1. Entity Name
WHITAKER GARDENS LLC

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

30002850

01212008No Chg-LLC CR2E083 (12/07)

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

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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 Annie Whitaker 2-22-'08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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	

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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: James W. Whitaker II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #