2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 11, 2006 8:00 am Secretary of State

| DOCUMENT # L03000024150 1. Entity Name WHISTLING PINES CREEK DEVELOPMENT, LLC | | | | 04-24-2006 9 | 0061 020 ****50.00 |
|--|---|--|-------------------------------|---|---|
| 13150 BISCA | Address 3150 BISCAYNE BAY TERRACE 13150 BISCAYNE BAY TERRACE ORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 04042006 No Chg-LLC (4. FEI Number 33-1063393 | CR2E083 (11/05) Applied For Not Applicable \$5.00 Additional Fee Required |
| GAMBOA, ROLANDO 13150 BISCAYNE BAY TERRACE NORTH MIAMI, FL 33181 | | | DO NOT WRITE IN THIS SPACE | | |
| *8. The above farmed 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 private remaind registered and the 1 expectable. **Policy of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both accept the obligations of registere | | | | | |
| 9. ITILE NAME STREET ADDRESS CITY-51-ZIP TITLE NAME STREET ADDRESS CITY-51-ZIP | MANAGING MEMBER MGRM GAMBOA, ROLANDO 13150 BISCAYNE BAY TERRACE NORTH MIAMI, FL 33181 certify that the information supplied with | | DO NOT WRITE IN THIS SPACE | | |
| 11. I hereby certify that the information supplied with this flang does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this perior is true-social arrowance and that my signature shall be the same legal effect as if made under cells; that I am a managing member or manager of the limited hability company or the receiver to fusite empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |