

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90158 028 \*\*\*138.75

<b>DOCUMENT # L03000032389</b>			
<b>1. Entity Name</b> WHISPERING PALMS MHC, LLC			
<b>Principal Place of Business</b> C/O EVERGREEN COMMUNITIES 10 UNIVERSAL CITY PLAZA, 20TH FLOOR UNIVERSAL CITY, CA 91608		<b>Mailing Address</b> C/O EVERGREEN COMMUNITIES 10 UNIVERSAL CITY PLAZA, 20TH FLOOR UNIVERSAL CITY, CA 91608	
<b>2. Principal Place of Business - No P.O. Box #</b> 10305 US 1		<b>3. Mailing Address</b> 1518 N. Aron St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Sebastian, FL		<b>City &amp; State</b> Burbank, CA	
<b>Zip</b> 32958		<b>Zip</b> 91505	
<b>Country</b> USA		<b>Country</b> USA	
<b>4. FEI Number</b> 61-1455448		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  WEBB, RICHARD S IV C/O ICARD, MERRILL, CULLIS, ET AL. 2033 MAIN STREET, #600 SARASOTA, FL 34237		<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVERGREEN COMMUNITIES, LLC 10 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Evergreen Communities, LLC 1518 N. Aron St. Burbank, CA 91505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b>		Julio Jaramillo (Managing Member) 4/15/08 (912) 753-2453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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