


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000034184**

1. Entity Name  
**WHITTALL AND SHON, LLC**



Principal Place of Business <b>2150 NORTHWEST MIAMI COURT MIAMI, FL 33127</b>	Mailing Address <b>2150 NORTHWEST MIAMI COURT MIAMI, FL 33127</b>
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02072007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0267706</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**WHITTALL, ELIOT GILMAN  
 2150 NORTHWEST MIAMI COURT  
 MIAMI, FL 33127**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

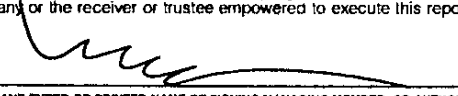
**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHON, RICHARD CHEE 2150 NORTHWEST MIAMI COURT MIAMI, FL 33127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ELIOT GILMAN JAMES WHITTALL 2150 NORTHWEST MIAMI COURT MIAMI, FL 33127</b>
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**DO NOT WRITE IN THIS SPACE**

U00000635101  
 02/23/07-80001-002 50.00

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:**  **Richard Shon** 2/7/07 3055760100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #