


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90532 012 ****50.00

DOCUMENT # L03000044204 1. Entity Name WHITAKER VIEWS LLC	
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Principal Place of Business 818 CATTLEMAN RD. SARASOTA, FL 34240	Mailing Address 818 CATTLEMAN RD. SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0428096	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GORRELL, KELLY 6389 TOWER LANE SARASOTA, FL 34240

**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.

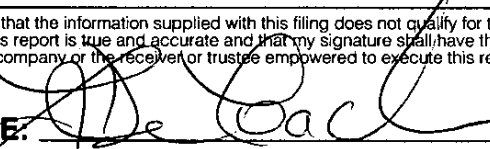
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELOACH, ANTHONY 1631 JEWEL DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELOACH, LAOIRE 1631 JEWEL DR SARASOTA, FL 34240
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	315-05 941-320-7303
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>