


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90152 044 ****50.00

DOCUMENT # L03000044204		
1. Entity Name WHITAKER VIEWS LLC		

Principal Place of Business 818 CATTLEMAN RD. SARASOTA, FL 34240	Mailing Address 818 CATTLEMAN RD. SARASOTA, FL 34240
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2. Principal Place of Business	3. Mailing Address 6389 TOWER LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State SARASOTA FL
Zip	Zip 34240
Country	Country SARASOTA



01242006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent GORRELL, KELLY 6389 TOWER LANE SARASOTA, FL 34240		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	


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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELOACH, ANTHONY		NAME		
STREET ADDRESS	1631 JEWEL DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELOACH, LAOIRE		NAME		
STREET ADDRESS	1631 JEWEL DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	L+T MANAGEMENT LLC	
STREET ADDRESS			STREET ADDRESS	6389 TOWER LANE	
CITY-ST-ZIP			CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	EAW REAL ESTATE INVESTMENTS	
STREET ADDRESS			STREET ADDRESS	OF SARASOTA LLC	
CITY-ST-ZIP			CITY-ST-ZIP	663 MOURNING DOVE DR SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	EAW WHITAKER LLC	
STREET ADDRESS			STREET ADDRESS	663 MOURNING DOVE DR	
CITY-ST-ZIP			CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: 	1-24-06	941-371-7617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date		
Daytime Phone #		