2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jul 20, 2006 08:00 AM **DOCUMENT # L03000046455 Secretary of State** 1. Entity Name WHELAN WORKS, LLC Principal Place of Business Mailing Address 95 HOMBRE CIRCLE 95 HOMBRE CIRCLE PANAMA CITY BEACH, FL 32407 US PANAMA CITY BEACH, FL 32407 07072006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0806002 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHELAN, THOMAS W DO NOT WRITE 95 HOMBRE CIRCLE PANAMA CITY BEACH, FL. 32407 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by September 6, 2006 U000000571391 n7/20/06-86007-006 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE WHELAN, THOMAS W NAME 95 HOMBRE CIRCLE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL. 32407 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

11.	1 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 emplowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP