

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000048333

1. Entity Name
KEN WHALER, LLC



Principal Place of Business
**2202 CROOKED OAK COURT
PANAMA CITY, FL 32408**

Mailing Address
**2202 CROOKED OAK COURT
PANAMA CITY, FL 32408**



04232005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0419617

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHALER, KENNETH E
2202 CROOKED OAK COURT
PANAMA CITY, FL 32408**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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
**MGR
WHALER, KENNETH E
2202 CROOKED OAK COURT
PANAMA CITY, FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WHALER, MARGIE A
2202 CROOKED OAK COURT
PANAMA CITY, FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WHALER, KENNETH M
2202 CROOKED OAK COURT
PANAMA CITY, FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WHALER, TIMOTHY R
2202 CROOKED OAK COURT
PANAMA CITY, FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000337350
04/27/05-80163-020 50.00

**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)(f), 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: *Kenneth E Whaler* **KENNETH E. WHALER** 4/23/05 8502353762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #