2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State
04-19-2005 90009 004 ****50.00

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1. Entity Name
WHISPERING INLET SALES AND MARKETING, LLC

Principal Place of Business	Mailing Address
1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 US	1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 US

30006103

04052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 134279371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURPHY, DANIEL R 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KLEIN, LINDA 3350 BRIAN ROAD NORTH PALM HARBOR, FL 34685	☐ Delete	MGRM Daniel R. Murphy 1050 Riverside Avenue Jacksonville, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOOD, ALBERT 3350 BRIAN ROAD NORTH PALM HARBOR, FL 34685	☒ Delete	MGR Jacqueline S. Price 1050 Riverside Avenue Jacksonville, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EISEN, ELLEN 630 FIRST AVENUE, APT. 18R NEW YORK, NY 10016	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MILLER, CONSTANCE 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: MGRM DANIEL R. MURPHY 904-354-3632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #