2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State
05-22-2006 90207 020 ****50.00

DOCUMENT # L04000012891

1. Entity Name
WHINNY WIDGETS, LLC

Principal Place of Business	Mailing Address
1715 CASA BIANCA ROAD MONTICELLO, FL 32344 US	1715 CASA BIANCA ROAD MONTICELLO, FL 32344 US

03242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2715 43rd ST EAST	2715 43rd ST. EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALMETTO FL	City & State: PALMETTO FL
Zip: 34221 Country: US	Zip: 34221 Country: US

4. FEI Number: 20-0737322 ☐ 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
DEWITT, KITTI L 1715 CASA BIANCA ROAD MONTICELLO, FL 32344	Name Street Address (P.O. Box Number is Not Acceptable): 2715 43rd STREET EAST PALMETTO FL Zip Code 34221

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: Kitti L DeWitt 04-14-06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEWITT, KITTI L 1715 CASA BIANCA ROAD MONTICELLO, FL 32344	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEWITT, THOMAS E 1715 CASA BIANCA ROAD MONTICELLO, FL 32344	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Kitti L DeWitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #