


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | |
|---|---|
| DOCUMENT # L04000028940 1. Entity Name WHITING EDGE SYSTEMS, LLC |  |
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|--|--|
| Principal Place of Business 3873 S.W. BRUNER TERRACE PALM CITY, FL 34990 | Mailing Address POST OFFICE BOX 1292 PALM CITY, FL 34991 |
|--|--|

DO NOT WRITE IN THIS SPACE

FILED
Jan 24, 2007 08:00 AM
Secretary of State



01192007 No Chg-LLC

CR2E083 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-1022316 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

EUGENE FRANK WHITING
3873 S.W. BRUNER TERRACE
PALM CITY, FL 34990

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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, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM EUGENE FRANK WHITING POST OFFICE BOX 1292 PALM CITY, FL 34991 |
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000000600585
01/26/07-80016-011 50.00

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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: GENE WHITING 1/20/07 772-223-1215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #