

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032827

FILED
Apr 30, 2008
Secretary of State

Entity Name: WHISPERING GRAPEVINE, LLC

Current Principal Place of Business:

8700 CORTEZ ROAD WEST
SUITE F
BRADENTON, FL 34210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40908
SAINT PETERSBURG, FL 33743

New Mailing Address:

FEI Number: 20-1082913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYDE, SHAWN
8700 CORTEZ ROAD WEST
BRADENTON, FL 34210 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HYDE, SHAWN M
Address: P.O. BOX 40908
City-St-Zip: SAINT PETERSBURG, FL 33743

Title: MGRM () Delete
Name: WHISPERING FAMILY TR, UST
Address: 8700 CORTEZ ROAD WEST
City-St-Zip: BRADENTON, FL 34210

Title: MGRM () Delete
Name: GRAPEVINE FAMILY TRU, ST
Address: 8700 CORTEZ ROAD WEST
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHAWN M. HYDE

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date