


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000067324</b>	
1. Entity Name WHITECAP INVESTMENTS LLC	

Principal Place of Business 507 SOUTH BEACH ROAD HOBE SOUND, FL 33455	Mailing Address 507 SOUTH BEACH ROAD HOBE SOUND, FL 33455
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KRAMER, ROBERT S 853 SE MONTEREY COMMONS BLVD. STUART, FL 34996
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000592214  
01/19/07-80054-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOHNETT, CLARE H 507 SOUTH BEACH ROAD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOHNETT, WILLIAM H 507 SOUTH BEACH ROAD HOBE SOUND, FL 33455
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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:** *William H. Bohnett* Managing Member 1-15-07 772 546-7564  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #