

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-10-2005 90036 028 ****50.00

DOCUMENT # L04000071705 1. Entity Name WHITEHILL AGENCY MANAGEMENT, L.L.C.			
Principal Place of Business 315 DUNES BLVD. #907 NAPLES, FL 34110		Mailing Address 315 DUNES BLVD. #907 NAPLES, FL 34110	
2. Principal Place of Business Thomas Spitalny 7687 Pebble Creek Cir. # 402 Naples, FL 34108		3. FEI Number 201631732	
4. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. 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.		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE: <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE: 4-13-05	
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 MGRM NAME SPITALNY, THOMAS J STREET ADDRESS 345 DUNES BLVD. CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE MGRM NAME Thomas Spitalny STREET ADDRESS 7687 Pebble Creek Cir. # 402 CITY-ST-ZIP Naples, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 7687 Pebble Creek Cir. # 402 NAME Thomas Spitalny STREET ADDRESS Naples, FL 34108 CITY-ST-ZIP FL 34108	<input type="checkbox"/> Delete	TITLE 7687 Pebble Creek Cir. # 402 NAME Thomas Spitalny STREET ADDRESS Naples, FL 34108 CITY-ST-ZIP FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 7687 Pebble Creek Cir. # 402 NAME Thomas Spitalny STREET ADDRESS Naples, FL 34108 CITY-ST-ZIP FL 34108	<input type="checkbox"/> Delete	TITLE 7687 Pebble Creek Cir. # 402 NAME Thomas Spitalny STREET ADDRESS Naples, FL 34108 CITY-ST-ZIP FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: 4-13-05 <small>Date Daytime Phone #</small>	