

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071705

FILED
Jul 06, 2006
Secretary of State

Entity Name: WHITEHILL AGENCY MANAGEMENT, L.L.C.

Current Principal Place of Business:

7687 PEBBLE CREEK CIRCLE
SUITE 402
NAPLES, FL 34108 US

New Principal Place of Business:

10309 MEDICIS PLACE
WELLINGTON, FL 33467 US

Current Mailing Address:

7687 PEBBLE CREEK CIRCLE
SUITE 402
NAPLES, FL 34108 US

New Mailing Address:

10309 MEDICIS PLACE
WELLINGTON, FL 33467 US

FEI Number: 20-1631732 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPITALNY, TOM
315 DUNES BLVD.
#907
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

SPITALNY, TOM
10309 MEDICIS PLACE
WELLINGTON, FL 33467 US

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: THOMAS J SPITALNY

07/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPITALNY, THOMAS J
Address: 7687 PEBBLE CREEK CIRCLE SUITE 402
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPITALNY, THOMAS J
Address: 10309 MEDICIS PLACE
City-St-Zip: WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS J SPITALNY

PRES

07/06/2006

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