

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000078103

**FILED**  
**Nov 13, 2008**  
**Secretary of State****Entity Name:** WHETSTONE COMMERCIAL AND ESTATES LLC**Current Principal Place of Business:**100 WHETSTONE PLACE  
SUITE 100  
ST. AUGUSTINE, FL 32086**New Principal Place of Business:****Current Mailing Address:**100 WHETSTONE PLACE  
SUITE 100  
ST. AUGUSTINE, FL 32086 US**New Mailing Address:****FEI Number:** 20-1799717**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WHETSTONE, JANICE F  
100 WHETSTONE PLACE  
SUITE 100  
ST. AUGUSTINE, FL 32086 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:** WHETSTONE, JANICE F  
**Address:** 100 WHETSTONE PLACE, SUITE 100  
**City-St-Zip:** ST. AUGUSTINE, FL 32086 US**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** MGRM ( ) Change (X) Addition  
**Name:** ROBERTS, JAUNITA C  
**Address:** 100 WHETSTONE PLACE, SUITE 100  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

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: JANICE F. WHETSTONE

MGRM

11/13/2008

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