2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000085081

1. Entity Name
WHITROCK ASSOCIATES, LLC

Principal Place of Business	Mailing Address
108 SE EGLIN PARKWAY	108 SE EGLIN PARKWAY
FORT WALTON BEACH, FL 32548 US	FORT WALTON BEACH, FL 32548 US

DO NOT WRITE IN THIS SPACE

01152008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-1918881	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROCKMAN, KEITH L
108 SE EGLIN PARKWAY
FORT WALTON BEACH, FL 32548

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U000000809830
02/08/08-80038-001 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ROCKMAN, KEITH L
STREET ADDRESS	108 SE EGLIN PARKWAY
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   January 25, 2008   850 862-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #