2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2005
Secretary of State

DOCUMENT# L04000086029

Entity Name: WHISPERING PINES INVESTMENTS LLC

Current Principal Place of Business:

8818 S.E. 19TH AVE. RD.
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

8818 S.E. 19TH AVE. RD.
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 06-1735604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LISTEBARGER, BRUCE A
8818 S.E. 19TH AVE. RD.
OCALA, FL 34480 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	KEUNTJIES, RANDY	
Address:	5227 N.E. 64TH AVE.	
City-St-Zip:	SILVER SPRINGS, FL 34488 US	
Title:	MGRM	( ) Delete
Name:	SAARI, DANIEL	
Address:	P.O. BOX 180	
City-St-Zip:	FOREST JUNCTION, WI 54123 US	
Title:	MGRM	( ) Delete
Name:	LISTEBARGER, BRUCE A	
Address:	8818 S.E. 19TH AVE. RD.	
City-St-Zip:	OCALA, FL 34480 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRUCE LISTEBARGER MGRM 02/05/2005

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