2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L04000086029

Entity Name: WHISPERING PINES INVESTMENTS LLC

Current Principal Place of Business:

11035 S.E. SUNSET HARBOR RD.
SUMMERFIELD, FL 34491 US

New Principal Place of Business:

Current Mailing Address:

11035 S.E. SUNSET HARBOR RD.
SUMMERFIELD, FL 34491 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

KEUNTJES, RANDY J PRES.
11035 S.E. SUNSET HARBOR RD.
SUMMERFIELD, FL 34491 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:	KEUNTJES, RANDY J PRES.	
Address:	11035 S.E. SUNSET HARBOR RD.	
City-St-Zip:	SUMMERFIELD, FL 34491 US	
Title:	MGRM	( ) Delete
Name:	SAARI, DANIEL A V.P.	
Address:	P.O. BOX 62	
City-St-Zip:	FOREST JUNCTION, WI 54123 US	
Title:	MGRM	(X) Delete
Name:	LISTEBARGER, BRUCE A SEC. TR	
Address:	3317 S.W. 38TH STREET	
City-St-Zip:	OCALA, FL 34474 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 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: RANDY J. KEUNTJES PRES 04/14/2009

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