

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000317

Entity Name: WHIDDEN BROWN P.L.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

401 MIRACLE MILE
202
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

401 MIRACLE MILE
202
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 30-0289492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

WADE M. WHIDDEN, P.A.
312 E. 7TH AVENUE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WADE M. WHIDDEN, P.A.
402 E. 7TH AVENUE
TAMPA, FL 33602 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:

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WADE M. WHIDDEN, P.A., .
Address: 312 E. 7TH AVENUE
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM () Delete
Name: KEVIN WILLIAM BROWN,, P.A.
Address: 401 MIRACLE MILE, STE. 202
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WADE M. WHIDDEN, P.A., .
Address: 402 E. 7TH AVENUE
City-St-Zip: TAMPA, FL 33602 US

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 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: KEVIN W. BROWN

MGRM

05/01/2006

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