

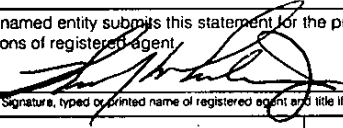
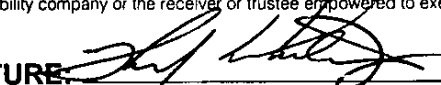


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90040 035 ****50.00

DOCUMENT # L05000005996 1. Entity Name WHITEMAN FAMILY PROPERTIES, LLC					
Principal Place of Business 5310 FOURTH ST. NORTH ST. PETERSBURG, FL 33703			Mailing Address 5310 FOURTH ST. NORTH ST. PETERSBURG, FL 33703		
2. Principal Place of Business 1840 4th St North Suite, Apt. #, etc. Second Floor		3. Mailing Address 1840 4th St North Suite, Apt. #, etc. Second Floor			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 20-2780099	
Zip 33704		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITEMAN, THOMAS R JR. 5310 FOURTH ST. NORTH ST. PETERSBURG, FL 33703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1840 4th St North, Second Floor City St. Petersburg FL Zip Code 33704	
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/28/06					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITEMAN, THOMAS R JR. 3700 SHORE ACRES BLVD., NE ST. PETERSBURG, FL 33703			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITEMAN, CHERYL A 3700 SHORE ACRES BLVD., NE ST. PETERSBURG, FL 33703			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 				Date 4/28/06	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	