

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009894

Entity Name: WHISPERING PINES, LLC

FILED  
Feb 06, 2009  
Secretary of State

**Current Principal Place of Business:**

2655 LEJEUNE RD.  
201  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 145058  
CORAL GABLES, FL 33114 US

**New Mailing Address:**

FEI Number: 59-3796044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAKER, RONALD G  
2655 LEJEUNE RD.  
201  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: BROCK, MARK  
Address: P OBOX 145058  
City-St-Zip: CORAL GABLES, FL 33114 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BROCK, MARK  
Address: P O BOX 145058  
City-St-Zip: CORAL GABLES, FL 33114 US

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: MARK BROCK

MGR

02/06/2009

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