

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90041 046 \*\*\*\*50.00

<b>DOCUMENT # L05000016120</b> 1. Entity Name <b>WHIPPORWILL INVESTMENTS, LLC</b>					
Principal Place of Business <b>11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832</b>			Mailing Address <b>11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832</b>		
2. Principal Place of Business <b>5511 HANSEL AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>5511 HANSEL AVE.</b> Suite, Apt. #, etc.			
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>		4. FEI Number <b>14-1924159</b>	
Zip <b>32809</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RUSSELL, DOUGLAS R 11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832</b>			7. Name and Address of New Registered Agent Name <b>DOUGLAS R. RUSSELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>5511 HANSEL AVE.</b> City <b>ORLANDO</b> FL Zip Code <b>32809</b>		
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, the registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>			<b>DOUGLAS R. RUSSELL</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
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			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 606, Florida Statutes.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>DOUGLAS R. RUSSELL</b> <small>Date</small>		
			<b>7/10/06</b> <small>Date</small>		
			<b>407-509-8184</b> <small>Daytime Phone</small>		