

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90193 045 \*\*\*\*50.00

20007630




01302006 Chg-LLC CR2E083 (11/05)

4. FEI Number **65-1246532** Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DOCUMENT # L05000032800**

1. Entity Name  
**WHISLA 05, LLC**



Principal Place of Business  
**128 MORNING SIDE DRIVE  
 CORAL GABLES, FL 33133**

Mailing Address  
**128 MORNING SIDE DRIVE  
 CORAL GABLES, FL 33133**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

6. Name and Address of Current Registered Agent  
**RIQUEZES, JULIO J SR.  
 128 MORNING SIDE DRIVE  
 CORAL GABLES, FL 33133**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  **Julio RIQUEZES/MANAGER** Date: **2/1/06** Daytime Phone #: **(305) 7535888**