


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90019 031 ***138.75

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
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2. Principal Place of Business - No P.O. Box # 1680 RICHMOND AV.	3. Mailing Address
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Suite, Apt. #, etc. Suite 700	Suite, Apt. #, etc.
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04222008 Chg-LLC CR2E083 (12/06)

City & State Miami Beach / FL	City & State
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4. FEI Number 65-1246532	Applied For Not Applicable
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Zip 33139	Country 0000	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Riquerez **4/20/08** (205) 777-7899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #