

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000047740

1. Entity Name
WHIT PROPERTIES, LLC



Principal Place of Business
18725 HWY 331 SOUTH
FREEPORT, FL 32439

Mailing Address
113 SOUTH AVENUE
FORT WALTON BEACH, FL 32547

FILED
07 SEP 14 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

18725 Hwy 331 South

Suite, Apt. #, etc.

City & State

Freeport, FL

Zip

Country

32439

USA

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERKINS, TED
113 SOUTH AVENUE
FT. WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent

Name Ted Perkins

Street Address (P.O. Box Number is Not Acceptable)
320 Hideaway Bay Dr.

City Miramar Beach

FL

Zip Code
32550

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8.27.07

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PERKINS, TED
STREET ADDRESS 320 HIDEAWAY BAY DR.
CITY-ST-ZIP DESTIN, FL 32541

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500103887025
09/25/07--01024--001 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #