

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047740

Entity Name: WHIT PROPERTIES, LLC

FILED
Aug 05, 2009
Secretary of State

Current Principal Place of Business:

261 SQUIRREL ROAD
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

975 SOUTH HIGHWAY 393
SANTA ROSA BEACH, FL 32549 US

Current Mailing Address:

PO BOX 6732
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

975 SOUTH HIGHWAY 393
SANTA ROSA BEACH, FL 32549 US

FEI Number: 76-0792415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PERKINS JR., THEODORE M MGRM
320 HIDEAWAY BAY DRIVE
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

WHITMIRE, JAMES LEE MGRM
975 SOUTH HIGHWAY 393
SANTA ROSA BEACH, FL 32549 US

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: JAMES LEE WHITMIRE

08/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PERKINS JR., THEODORE M MGRM
Address: 320 HIDEAWAY BAY DR.
City-St-Zip: MIRAMAR BEACH, FL 32550 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WHITMIRE, JAMES LEE MGRM
Address: 975 SOUTH HIGHWAY 393
City-St-Zip: SANTA ROSA BEACH, FL 32549 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: JAMES LEE WHITMIRE

MGRM

08/05/2009

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