


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90071 026 \*\*\*\*50.00

<b>DOCUMENT # L05000078656</b> 1. Entity Name <b>WHITTIER SQUARE, L.L.C.</b>					
Principal Place of Business <b>3633 CORTEZ ROAD WEST, UNIT B-3 BRADENTON, FL 34210</b>			Mailing Address <b>3633 CORTEZ ROAD WEST, UNIT B-3 BRADENTON, FL 34210</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2638303</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ARTYAMSOAL, VINAI 3633 CORTEZ ROAD WEST, UNIT B-3 BRADENTON, FL 34210</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>		DATE	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member Vinai Artyamsoal 3633 Cortez Rd.W., Unit B-3 Bradenton, FL 34210	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1-20-06 941-7584848 <small>Date Daytime Phone #</small>		



ATTACHMENT

30001397

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2006

WHITTIER SQUARE, L.L.C.  
3633 CORTEZ ROAD WEST, UNIT B-3  
BRADENTON, FL 34210

Subject: WHITTIER SQUARE, L.L.C.

Reference Number:

L05000078656

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION

# ATTACHMENT

30001397  
#L05000078656

<b>ALLSTATE REALTY ASSOCIATES</b> 3633 CORTEZ RD. W. 941-756-4848 BRADENTON, FL 34210		8239
PAY TO THE ORDER OF <u>Florida Department of State</u>		DATE <u>January 20, 2006</u> 83-1262/631 05
*****FIFTY DOLLARS-----00/100*****		\$ ***50.00*** DOLLARS
<b>1st National Bank &amp; Trust</b> 8425 US Hwy 301 N. Parrish, FL 34219 941-747-4441 www.1stnbt.com		VOID AFTER 60 DAYS
Document # L05000078656 FOR <u>Annual Report: Whittier Square, L.L.C.</u>		2006
"008239" "063112621" 325821011		

This check have sent since 1-24-06

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Division of Corporations  
P.O. BOX 6478  
Tallahassee, FL 32314

## COMPLETE THIS SECTION

A. Signature ☒ X

B. Received by ☒ X

C. Is delivery restricted? ☒ X

If YES, enter:

3. Service Type ☒ Certified

☐ Registered

☐ Insured

4. Restricted Delivery ☐

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service™

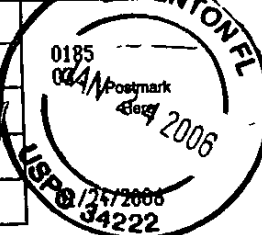
## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

TALLAHASSEE FL 32314

Postage	\$ 10.39
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 14.64



Sent To Division of Corporations

Street, Apt. No., or PO Box No. P.O. BOX 6478

City, State, ZIP+4 Tallahassee, FL 32314

PS Form 3800, June 2002

See Reverse for Instructions

LLC.

102595-02-M-1540