2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000078656

1. Entity Name
WHITTIER SQUARE, L.L.C.

FILED Jan 10, 2007 08:00 AM Secretary of State

Principal Place of Business

3633 CORTEZ ROAD WEST, UNIT B-3 BRADENTON, FL 34210

Mailing Address

3633 CORTEZ ROAD WEST, UNIT B-3 BRADENTON, FL 34210



01042007 No Chg-LLC

CR2E083 (11/05)

FEI Number
 59-2638303

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ARTYAMSOAL, VINAI 3633 CORTEZ ROAD WEST, UNIT B-3 BRADENTON, FL 34210

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha- ions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_			
5,5,7,2	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
FI D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARTYAMSOAL, VINAI 3633 CORTEZ RD W UNIT B-3 BRADENTON, FL 34210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000009581575 01/10/07-80092-020 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

V. Hamil.

1-5-07

941-7564848

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

Date

Daytime Phone #