
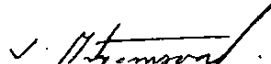


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90052 047 \*\*\*138.75

|  |   |                     |   |   |  |
|--|---|---------------------|---|---|--|
| <b>DOCUMENT # L05000078656</b><br>1. Entity Name<br>WHITTIER SQUARE, L.L.C.  |   |                     |   |    |  |
| Principal Place of Business<br>3633 CORTEZ ROAD WEST, UNIT B-3<br>BRADENTON, FL 34210  |   |                     | Mailing Address<br>3633 CORTEZ ROAD WEST, UNIT B-3<br>BRADENTON, FL 34210   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |   |   |  |
| City & State   |   | City & State        |   |   |  |
| Zip  | Country   | Zip                 | Country   | 4. FEI Number<br><b>59-2638303</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For<br/>         Not Applicable       </div>                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                     |   | <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br>ARTYAMSOAL, VINAI<br>3633 CORTEZ ROAD WEST, UNIT B-3<br>BRADENTON, FL 34210   |   |                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   |                     | <b>Make check payable to</b><br><b>Florida Department of State</b>  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |                     | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>ARTYAMSOAL, VINAI<br>3633 CORTEZ RD W UNIT B-3<br>BRADENTON, FL 34210 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>ARTYAMSOAL, NONGLUCK<br>3633 CORTEZ RD W UNIT B-3<br>BRADENTON, FL 34210 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| 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>   |   |                     | 1-8-08 941-7564848  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |                     | <small>Date Daytime Phone #</small>   |   |  |