

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90056 037 \*\*\*138.75

**DOCUMENT # L05000082658**

1. Entity Name  
**DONAHOE PROPERTIES LLC**



Principal Place of Business  
**209 E. COMMERCIAL ST  
SANFORD, FL 32771**

Mailing Address  
**209 E. COMMERCIAL ST  
SANFORD, FL 32771**

**60030714**



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

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-3393798**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THOMPSON, KATHRYN D  
209 E COMMERCIAL ST  
SANFORD, FL 32771**

**7. Name and Address of New Registered Agent**

Name **Whigham Kathryn D.**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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

*Kathryn D. Whigham* *Kathryn D. Whigham*

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

(NOTE: Registered Agent signature required when reinstating)

*4/24/08*  
DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☐ Delete  
NAME **THOMPSON, KATHRYN D**  
STREET ADDRESS **209 E COMMERCIAL ST**  
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **MGRM** ☐ Delete  
NAME **DONAHOE, TIMOTHY**  
STREET ADDRESS **209 E COMMERCIAL ST**  
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☒ Change ☐ Addition  
NAME **Whigham, Kathryn D.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Kathryn D. Whigham* *Kathryn D. Whigham* *4/24/08*

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

Date

Daytime Phone #

*407-322-1822*