# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 24, 2006**
**Secretary of State**

DOCUMENT# L05000088078

**Entity Name:** WHISPER CREEK PROPERTIES, LLC

**Current Principal Place of Business:**

3745 N. STATE ROAD 29, SW
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

3745 N. STATE ROAD 29, SW
LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHIRLEY, JUANITA M
3745 N. STATE ROAD 29, SW
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGRM | ( ) Delete |
| Name: | SHIRLEY, JUANITA M | |
| Address: | 3745 N. STATE ROAD 29, SW | |
| City-St-Zip: | LABELLE, FL 33935 | |
| Title: | | ( ) Delete |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Delete |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Delete |
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| Address: | | |
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| Title: | | ( ) Delete |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Delete |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

**ADDITIONS/CHANGES:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | M | ( ) Change (X) Addition |
| Name: | SHIRLEY, WALTER A | |
| Address: | 3745 N. STATE ROAD 29 SW | |
| City-St-Zip: | LABELLE, FL 33935 | |
| Title: | M | ( ) Change (X) Addition |
| Name: | CAVIN, WILLIAM J | |
| Address: | 3745 N STATE ROAD 29 SW | |
| City-St-Zip: | LABELLE, FL 33935 | |
| Title: | M | ( ) Change (X) Addition |
| Name: | CAVIN, JANET K | |
| Address: | 3745 N STATE ROAD 29 SW | |
| City-St-Zip: | LABELLE, FL 33935 | |
| Title: | M | ( ) Change (X) Addition |
| Name: | CHRISTENSON, DARRELL L | |
| Address: | 3745 N STATE ROAD 29 SW | |
| City-St-Zip: | LABELLE, FL 33935 | |
| Title: | M | ( ) Change (X) Addition |
| Name: | CHRISTENSON, CHERI L | |
| Address: | 3745 N STATE ROAD 29 SW | |
| City-St-Zip: | LABELLE, FL 33935 | |

I hereby certify that the information supplied with this filing does not qualify for the 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: JUANITA M. SHIRLEY MGRM 04/24/2006

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