

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90033 014 ****55.00

DOCUMENT # L05000099692

1. Entity Name

WHITEFORD PROPERTIES, L.L.C.



Principal Place of Business

9909 NW 2ND STREET
FORT LAUDERDALE FL 33324

Plantation, FL

Mailing Address

9909 NW 2ND STREET
FORT LAUDERDALE FL 33324

Plantation, FL

2. Principal Place of Business

9909 NW 2nd St.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Same

Zip

33324

Country

Florida

Zip

33324

Country

Florida

4. FEE Number

471-68-8255 55 #

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

EISEN SMITH, JEFFREY R P.A.
5561 UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

- Lawyers

7. Name and Address of New Registered Agent

Name
Sally Moran

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

9909 NW 2nd St.

Plantation, FL

City

FL

Zip Code

33324

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
SALLY MORAN
9909 NW 2nd St.
PLANTATION, FL 33324

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
SALLY M. MORAN
9909 NW 2nd St.
PLANTATION, FL 33324

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Sally Moran

3-6-06

954-792-8535