2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000108357

1. Entity Name

WHITAKER PREFERRED PROPERTIES, L.L.C.



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3601 S. PINE AVENUE OCALA, FL 34474 3601 S. PINE AVENUE OCALA, FL 34474



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4.	FEI Number		Applied For
	56-2477078		Not Applicable
5.	Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

WHITAKER, MICHAEL 3601 S. PINE AVENUE OCALA, FL 34474

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing ions of registered agent.	its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and lafe if applicable. (h	OTE Registered Agent signature recuired when reinstating) DATE		
Filling Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITAKER, MICHAEL A 3601 S. PINE AVENUE OCALA. FL 34474	U00000704869		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		04/23/07-80028-012 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 fiability company or the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

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