

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000110990

1. Entity Name  
WHITEHALL REAL ESTATE, LLC



FILED

06 AUG 24 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
267 JOHN KNOX ROAD  
100  
TALLAHASSEE, FL 32303

Mailing Address  
267 JOHN KNOX ROAD  
100  
TALLAHASSEE, FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08222006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-3808360

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WILCOX, GENE  
267 JOHN KNOX ROAD  
100  
TALLAHASSEE, FL 32303

## 7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
DAVIDSON, DALE S  
1510 MILLPOND ROAD  
THOMASVILLE, GA 31792

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

8/9/06 9 0114 001  
\$ 100.00

☐ Change ☐ Addition

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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.

SIGNATURE:

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

Date

Daytime Phone #