

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111391

Entity Name: WHR HOLDINGS, LLC

FILED
Jan 27, 2006
Secretary of State

Current Principal Place of Business:

56 NORWOOD ROAD
WEST HARTFORD, CT 06117

New Principal Place of Business:

2821 EVANS STREET
HOLLYWOOD, FL 33020

Current Mailing Address:

56 NORWOOD ROAD
WEST HARTFORD, CT 06117

New Mailing Address:

2821 EVANS STREET
HOLLYWOOD, FL 33020

FEI Number: 51-0562149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POSTLER, CHARLES A ESQ.
110 EAST MADISON STREET, SUITE 200
TAMPA, FL 33602 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: GEORGE, CHARLTON
Address: 2821 EVANS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: MR. () Change (X) Addition
Name: BRACKEN, MICHAEL
Address: 2821 EVANS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: MR. () Change (X) Addition
Name: MALO, MICHAEL
Address: 2821 EVANS STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: MICHAEL MALO

CFO

01/27/2006

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