

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018667

FILED
Jan 19, 2009
Secretary of State

Entity Name: WHISPERING PINES HOMES, LLC

Current Principal Place of Business:

668 N. STATE ROAD 21, #D
MELROSE, FL 32666 US

New Principal Place of Business:

668 N. STATE ROAD 21
D
HAWTHORNE, FL 32640 US

Current Mailing Address:

PO BOX 212
MELROSE, FL 32666 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEVINE, ADAM
22295 SW 124 AVENUE
MIAMI, FL 33170 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: LEVINE, ADAM
Address: 22295 SW 124 AVENUE
City-St-Zip: MIAMI, FL 33170 US

Title: MGR () Delete
Name: LEVINE, MARITZA
Address: PO BOX 212
City-St-Zip: MELROSE, FL 32666 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LEVINE, MARITZA
Address: PO BOX 212
City-St-Zip: MELROSE, FL 32666 US

I hereby certify that the information supplied with this filing does not qualify 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: MARITZA LEVINE

MGRM

01/19/2009

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