

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000018667

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** WHISPERING PINES HOMES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

668 N. STATE ROAD 21  
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  
Name: LEVINE, ADAM  
Address: 22295 SW 124 AVENUE  
City-St-Zip: MIAMI, FL 33170 US

Title: MGRM  
Name: LEVINE, MARITZA  
Address: PO BOX 212  
City-St-Zip: MELROSE, FL 32666 US

I hereby 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 O LEVINE MGRM 01/27/2010

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