

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90019 026 \*\*\*138.75

<b>DOCUMENT # L06000019126</b>					
<b>1. Entity Name</b> WHISLA II 06, LLC					
<b>Principal Place of Business</b> 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133    US			<b>Mailing Address</b> 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133    US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1680 Michigan Avenue		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. Suite 700		Suite, Apt. #, etc.		04222008    Chg-LLC    CR2E083 (12/06)	
<b>City &amp; State</b> Miami Beach / FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3834941	
<b>Zip</b> 33139		<b>Country</b> 0000		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date: 4/20/08    Daytime Phone #: (305) 777 2209					