

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032482

FILED
May 01, 2007
Secretary of State

Entity Name: WHISPER COVE, LLC

Current Principal Place of Business:

5200 BELFORT ROAD
SUITE 250
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

5200 BELFORT ROAD
SUITE 250
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-4594722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALBERTELLI, GEORGE
5200 BELFORT ROAD
SUITE 250
JACKSONVILLE, FL 32256 US

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: ALBERTELLI, GEORGE
Address: 5200 BELFORT ROAD, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: ALBERTELLI, DAVID
Address: 5200 BELFORT ROAD, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: ALBERTELLI, JAMES E
Address: 5200 BELFORT ROAD, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: SALAT, JOHN
Address: 5200 BELFORT ROAD, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

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

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

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

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

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: GEORGE ALBERTELLI

MGRM

05/01/2007

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