

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032482

Entity Name: WHISPER COVE, LLC

FILED  
Apr 30, 2008  
Secretary of State

## 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 ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ALBERTELLI LAW  
208 N. LAURA ST.  
SUITE 900  
JACKSONVILLE, FL 32202 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: JAMES ALBERTELLI

04/30/2008

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

04/30/2008

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