

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032482

FILED  
Apr 02, 2010  
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:

208 N LAURA STREET, SUITE 900  
JACKSONVILLE, FL 32202

## Current Mailing Address:

5200 BELFORT ROAD  
SUITE 250  
JACKSONVILLE, FL 32256

## New Mailing Address:

208 N LAURA STREET, SUITE 900  
JACKSONVILLE, FL 32202

FEI Number: 20-4594722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALBERTELLI LAW  
208 N. LAURA ST.  
SUITE 900  
JACKSONVILLE, FL 32202 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: ALBERTELLI, GEORGE  
Address: 208 N LAURA STREET, SUITE 900  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR  
Name: ALBERTELLI, DAVID  
Address: 208 N LAURA STREET, SUITE 900  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR  
Name: ALBERTELLI, JAMES E  
Address: 208 N LAURA STREET, SUITE 900  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR  
Name: SALAT, JOHN  
Address: 208 N LAURA STREET, SUITE 900  
City-St-Zip: JACKSONVILLE, FL 32202

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: GEORGE ALBERTELLI

MGM

04/02/2010

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