


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000059776	
1. Entity Name WHR III, LLC	

FILED
08 FEB -1 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 246 MORNINGSID DRIVE SARASOTA, FL 34236 US	Mailing Address 246 MORNINGSID DRIVE SARASOTA, FL 34236 US
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2. Principal Place of Business - No P.O. Box # 540 JORD RINGLINE BLVD Suite, Apt. #, etc.	3. Mailing Address 540 JORD RINGLINE BLVD Suite, Apt. #, etc.
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01102008 REIN-LLC CR2E101 (1/07)

City & State SARASOTA FL	City & State SARASOTA FL
Zip 34236	Zip 34236
Country USA	Country USA

4. FEI Number 246-46-8983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MESSICK, ROBERT E ESQ. 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

- FILE NOW!!!- FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROOKS, W. HOWARD 246 MORNINGSID DRIVE SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600115067346 01/14/08--01055--005 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Robert E. Messick 1/10/08 941-366-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____