

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064860

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** WHISPERING PINES OF GAINESVILLE, LLC

**Current Principal Place of Business:**

7328 WEST UNIVERSITY AVENUE  
SUITE G  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

2579 SW 87TH DRIVE  
GAINESVILLE, FL 32607 US

**Current Mailing Address:**

7328 WEST UNIVERSITY AVENUE  
SUITE G  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

2579 SW 87TH DRIVE  
GAINESVILLE, FL 32607 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOCKMAN, JAMES J  
20725 SW 46TH AVENUE  
NEWBERRY, FL 32669 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 ( ) Delete  
Name: SHD DEVELOPMENT, LLC,  
Address: 7328 WEST UNIVERSITY AVENUE, SUITE G  
City-St-Zip: GAINESVILLE, FL 32608 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHD DEVELOPMENT, LLC,  
Address: 2579 SW 87TH DR  
City-St-Zip: GAINESVILLE, FL 32607 US

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: SHD DEVELOPMENT, LLC

MGRM

04/22/2008

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