

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000072973**

1. Entity Name  
**WHIPRAY DEVELOPMENT PARTNERS, LLC**



Principal Place of Business  
**8803 S.W. 61 AVENUE  
GAINESVILLE, FL 32608**

Mailing Address  
**8803 S.W. 61 AVENUE  
GAINESVILLE, FL 32608**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-5291214**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DAMIAN, VINCENT E JR.  
80 S.W. 8 STREET  
SUITE 2550  
MIAMI, FL 33130**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CAUTHEN, JOSEPH C IV
STREET ADDRESS	8803 S.W. 61 AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000775547  
01/08/08-80033-020 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Joseph C. Cauthen IV***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1-7-08**

Date

**352 258 8359**

Daytime Phone #