

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096771

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

**Entity Name:** WHALEN FAMILY ENTERPRISES, LLC

**Current Principal Place of Business:**

2920 U.S. ALT. 19 NORTH  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

1711 HICKORY GATE DR. S.  
DUNEDIN, FL 34698 US

**Current Mailing Address:**

2920 U.S. ALT. 19 NORTH  
DUNEDIN, FL 34698 US

**New Mailing Address:**

1711 HICKORY GATE DR. S.  
DUNEDIN, FL 34698 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WHALEN, RICHARD J  
2920 U.S. ALT. 19 NORTH  
DUNEDIN, FL 34698 US

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

WHALEN, RICHARD J  
1711 HICKORY GATE DR. S.  
DUNEDIN, FL 34698 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:

02/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WHALEN, RICHARD J  
Address: 2920 U.S. ALT. 19 NORTH  
City-St-Zip: DUNEDIN, FL 34698 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WHALEN, RICHARD J  
Address: 1711 HICKORY GATE DR. S.  
City-St-Zip: DUNEDIN, FL 34698 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: RICHARD J. WHALEN

MGMR

02/13/2009

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