

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122247

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** WHITLOCK DAIGLE INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

9957 MOORNINGS DR STE 406  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

9957 MOORNINGS DR STE 406  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 20-8148999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITLOCK, DAVID  
1 SAN JOSE PLACE STE. 11  
JACKSONVILLE, FL 32257 US

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

WHITLOCK, DAVID  
9957 MOORNINGS DRIVE STE 406  
JACKSONVILLE, FL 32257 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:

02/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: WHITLOCK, DAVID  
Address: 9957 MOORNINGS DR STE 406  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Delete  
Name: DAIGLE, JOHN  
Address: 9957 MOORNINGS DR STE 406  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID WHITLOCK

PRES

02/04/2009

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