

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/ **FILED**
Sep 10, 2008 8:00 am
Secretary of State
08-15-2008 90025 009 ***538.75

DOCUMENT # L07000055765 1. Entity Name WHITFIELD PARTNERS, LLC					
Principal Place of Business 739 GALLEON DRIVE TIERRA VERDE, FL 33715			Mailing Address 739 GALLEON DRIVE TIERRA VERDE, FL 33715		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0238708	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLP, INC. 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 8/12/08 Daytime Phone # 941-727-1552		

JUL 11 2008



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