

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064840

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** WHITEMARSH RESERVE PROPERTIES, LLC

**Current Principal Place of Business:**

6583 SE TWIN OAKS  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

6583 SE TWIN OAKS  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 26-0454087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASTERINO, ANTHONY S  
6583 SE TWIN OAKS  
STUART, FL 34997 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: ASTERINO, ANTHONY S  
Address: 6583 SE TWIN OAKS  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: BUGGIA, MARY MD, MBA  
Address: 7741 BELMONT DR.  
City-St-Zip: LAKE WORTH, FL 33467

**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:** ANTHONY S ASTERINO

MGRM

05/02/2008

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