


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # M01000000493 1. Entity Name WHITNEY, BAILEY, COX & MAGNANI, LLC	
--	---

Principal Place of Business 849 FAIRMOUNT AVE. TOWSON, MD 21286	Mailing Address 849 FAIRMOUNT AVE. TOWSON, MD 21286
---	---

DO NOT WRITE IN THIS SPACE



02122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 52-1081866	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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.

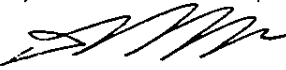
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONGAN, DAVID G 849 FAIRMOUNT AVE TOWSON, MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUGSS, DOUGLAS 849 FAIRMOUNT AVE TOWSON, MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DER, PHILIP 849 FAIRMOUNT AVE TOWSON, MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRIEBEL, LEON 849 FAIRMOUNT AVE BALTIMERE, MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEGALUPPI, MARCO 849 FAIRMOUNT AVE BALTIMERE, MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAFER, MARK 849 FAIRMOUNT AVE BALTIMERE, MD 21286

**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:  **DAVID G. MONGAN** **2/12/08** **410.512.4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #