# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 17, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # M04000004214

1. Entity Name
WHALOU PROPERTIES III LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 400 ROYAL PALM WAY, SUITE 206<br>PALM BEACH, FL 33480 | 400 ROYAL PALM WAY, SUITE 206<br>PALM BEACH, FL 33480 |

01122005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
80-0118984
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

**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
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | SERENDIPITY MANAGEMENT LTD. |
| STREET ADDRESS | R.G. HODGE PLAZA, 2ND FLOOR, UPPER MAIN ST |
| CITY-ST-ZIP | BRITISH VIRGIN ISLANDS, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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02/17/05-80029-012 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**Whalou Properties III LLC**
**By: Serendipity Management Ltd., Its**
**Managing Member**

SIGNATURE: _____ 2/15/05 (561)655-3466
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #