

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004222 1. Entity Name WHALOU PROPERTIES II LLC	
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Principal Place of Business 125 WORTH AVE., SUITE 220 PALM BEACH, FL 33480	Mailing Address 125 WORTH AVE., SUITE 220 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



02102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 87-0731302	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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

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03/16/06 80017-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERENDIPITY MANAGEMENT LTD. R.G. HODGE PLAZA, 2ND FLOOR, UPPER MAIN ST BRITISH VIRGIN ISLANDS.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 606, Florida Statutes.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	3/2/06	(561) 655-3466
	Date	Daytime Phone #