

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000004750

1. Entity Name
WHISPER CAPITAL LLC



Principal Place of Business

C/O GREYHAWKE CAPITAL ADVISORS
340 PEMBERWICK ROAD, 1ST FLOOR
GREENWICH, CT 06831

Mailing Address

C/O GREYHAWKE CAPITAL ADVISORS
340 PEMBERWICK ROAD, 1ST FLOOR
GREENWICH, CT 06831



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1509755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

000000578636
01/09/07-80037-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GREYHAWKE NET LEASE INVESTORS LLC
STREET ADDRESS	340 PEMBERWICK ROAD, 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 06831

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Mark L. Plaumann, Manager

1/3/07

203-413-0360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #