


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M07000006265 1. Entity Name H & R REALTY OF WHISPERWOOD LLC	
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Principal Place of Business 500 FORD ROAD MINNEAPOLIS, MN 55426	Mailing Address 500 FORD ROAD MINNEAPOLIS, MN 55426
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DO NOT WRITE IN THIS SPACE

FILED
08 SEP 19 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

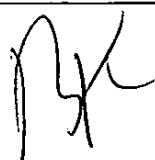


09172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 32-0166926	Applied For 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



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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

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECKER, DENNIS E 500 FORD ROAD MINNEAPOLIS, MN 55426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOVE, ERIK P 500 FORD ROAD MINNEAPOLIS, MN 55426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENNIE, JAMES F 500 FORD ROAD MINNEAPOLIS, MN 55426
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800136469248
09/30/08--01008--016 **538.75

**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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Erik P. Dove Manager**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #