

FILED
Apr 28, 2003 8:00 am
Secretary of State


04-28-2003 91003 048 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

30062953

DOCUMENT # L01000012956

1. Entity Name
M.D. WHITE, LLC



Principal Place of Business
**1752 SW BILTMORE STREET
 PORT ST. LUCIE, FL 34984**

Mailing Address
**1752 SW BILTMORE STREET
 PORT ST. LUCIE, FL 34984**

2. Principal Place of Business
**560 NW Interpark Place
 Suite, Apt. #, etc.**

3. Mailing Address
**560 NW Interpark Place
 Suite, Apt. #, etc.**



CHECK HERE IF MAKING CHANGES

City & State
St. Lucie West FL

City & State
St. Lucie West FL

Zip
34986

Country
St. Lucie

Zip
34986

Country
St. Lucie

4. FEI Number
85-1126891

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**MCCLUSKEY, MICHAEL J
 1100 S. FEDERAL HWY.
 STUART, FL 34994**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

B. 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 except the obligations of registered agent.

SIGNATURE Michael J. McCluskey 4/23/03
Signature, typed or printed name of registered agent and fee if applicable. DATE: Registered Agent signature required when substituted.

MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR WHITE, MARK D. 1752 SW BILTMORE STREET PORT ST, LUCIE, FL 34984	<input type="checkbox"/>	MGR White, Mark D. 560 NW Interpark Place St. Lucie West FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 806, Florida Statutes.

SIGNATURE: Mark D. White 4-25-03 772-879-0754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date. Phone #

CHS E083 (10/02)