


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M95000000295</b> 1. Entity Name WHITE BRIDGE EQUITY, L.L.C.	
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Principal Place of Business 2002 RICHERD JONES RD SUITE 200A NASHVILLE, TN 37215	Mailing Address 2002 RICHERD JONES RD SUITE 200A NASHVILLE, TN 37215
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06302004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_


**Filing Fee is \$50.00 Due by September 8, 2004**

000000165869  
07/12/04-80031-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARFIELD, WILLIAM M 2002 RICHERD JONES RD SUITE 200A NASHVILLE, TN 37205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOEL, LEE F 3017 POSTON AVENUE NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARFIELD, W. MILES 2002 RICHERD JONES RD SUITE 200A NASHVILLE, TN 37209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRABTREE, DAVID P 2002 RICHERD JONES RD SUITE 200A NASHVILLE, TN 37209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HART, H. RODES JR. 2002 RICHERD JONES RD SUITE 200A NASHVILLE, TN 37209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, NELSON C 2002 RICHERD JONES RD SUITE 200A NASHVILLE, TN 37209

**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)(c), 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:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #