


**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90095 018 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # M95000000295**

1. Entity Name  
 WHITE BRIDGE EQUITY, L.L.C.



Principal Place of Business      Mailing Address

2002 RICHERD JONES RD SUITE 200A      2002 RICHERD JONES RD SUITE 200A  
 NASHVILLE, TN 37215      NASHVILLE, TN 37215

20061333



06282005No 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"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

**Filing Fee Is \$50.00  
 Due by September 7, 2005**

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #