2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000014387

1. Entity Name
WHITE, LLC

Principal Place of Business	Mailing Address
8360 WEST FLAGLER ST., STE. 200 MIAMI, FL 33144	8360 WEST FLAGLER ST., STE. 200 MIAMI, FL 33144

04282004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1135993
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OSTROWIECKI, ARON
8360 WEST FLAGLER ST., STE. 200
MIAMI, FL 33144

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OSTROWIECKI, ARON
STREET ADDRESS	8360 WEST FLAGLER , STE 200
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/03/04-80124-014 50.00

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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: _____ 4/29/04 (305) 554-7289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #