



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # A30151	
1. Entity Name WHITE PROPERTIES, LIMITED, OF PINELLAS COUNTY	

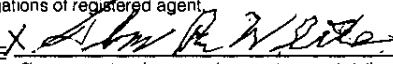
Principal Place of Business 10201 THURSTON GROVES BLVD SEMINOLE, FL 33778	Mailing Address 10201 THURSTON GROVES BLVD SEMINOLE, FL 33778
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01162008 Chg-LP CR2E003 (12/06)	
4. FEI Number 38-2093227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

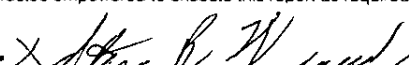
6. Name and Address of Current Registered Agent	
WHITE, STEVEN R 10201 THURSTON GROVE BLVD SEMINOLE, FL 33778	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: 03-03-2008
Signature, typed or printed name of registered agent and title if applicable.	

FILE NOW!!! FEE IS \$500.00	
After May 1, 2008, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.	

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WHITE, STEVEN R	STREET ADDRESS	
NAME	10201 THURSTON GROVES BLVD	CITY-ST-ZIP	
STREET ADDRESS	SEMINOLE, FL 33778		
CITY-ST-ZIP			
DOCUMENT #	WHITE, MARY ANN	STREET ADDRESS	U000000862112
NAME	10201 THURSTAN GROVES BLVD	CITY-ST-ZIP	04/03/08-80034-022 500.00
STREET ADDRESS	SEMINOLE, FL 33778		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	
SIGNATURE: 	DATE: 3-3-08 (727) 392-0743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE