

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000006643

1. Entity Name  
WHITE FACE ACRES COMPANY, LLC



Principal Place of Business  
6380 12TH STREET  
VERO BEACH, FL 32966

Mailing Address  
6380 12TH STREET  
VERO BEACH, FL 32966



02172005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1016926

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KROMHOUT, ALEXANDER  
6380 12TH STREET  
VERO BEACH, FL 32966

**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

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

(NOTE: Registered Agent signature required when reinstating)

2/18/05  
DATE

**Filing Fee is \$50.00 ✓  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	KROMHOUT, ALEXANDER
STREET ADDRESS	6380 12TH STREET
CITY- ST- ZIP	VERO BEACH, FL 32966
TITLE	MGR
NAME	KOSTER, CHARLOTTE
STREET ADDRESS	6380 12TH STREET
CITY- ST- ZIP	VERO BEACH, FL 32966
TITLE	MGR
NAME	KROMHOUT, J.P.
STREET ADDRESS	6380 12TH STREET
CITY- ST- ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000242112  
02/24/05-80070-025 55.00

**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)(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:

*Alexander Kromhout, Mgr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Days/Phone #

2/18/05 2758

# 772-473-