


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

DO NOT WRITE IN THIS SPACE



04282004 No Chg.-LLC CR2E083 (10/03)

4. FEI Number 65-1135993	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

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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM OSTROWIECKI, ARON 8360 WEST FLAGLER, STE 200 MIAMI, FL 33144
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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:  05/29/04 (305) 554-7229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #