


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000014387

1. Entity Name
WHITE, LLC



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

Mailing Address: 8360 WEST FLAGLER ST., STE. 200 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE



04292005No Chg-LLC CR2E083 (10/03)

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: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: _____

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

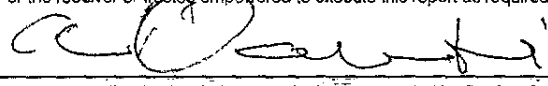
9. MANAGING MEMBERS/MANAGERS

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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000359080
05/04/05-80140-008 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 118.07(3)(f), 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 # _____