



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004331 1. Entity Name WHITE HOUSE FELLOWS, LLC						FILED 07 MAR 23 AM 9:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 120 S. MONROE STREET TALLAHASSEE, FL 32301				Mailing Address 120 S. MONROE STREET TALLAHASSEE, FL 32301			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 10570					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Tallahassee FL					
Zip	Country	Zip 32302	Country USA	4. FEI Number 01-0634060			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01092007 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent BRADSHAW, PAUL R 120 S. MONROE STREET TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADSHAW, PAUL PO BOX 10570 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700095247487 03/29/07--01052--006 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANCOURT, DAVID PO BOX 10570 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brooks Holdings, LLC 2000 Jaywood Hill Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TILLEY, CORY 203 N GADSDEN ST TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 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: _____				3.26.07		850.671.4401	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							