

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004331 1. Entity Name WHITE HOUSE FELLOWS, LLC					
Principal Place of Business 120 S. MONROE STREET TALLAHASSEE, FL 32301			Mailing Address P.O. BOX 10570 TALLAHASSEE, FL 32302		
2. Principal Place of Business - No P.O. Box # 203 N. Gadsden St.			3. Mailing Address P.O. Box 213		
Suite, Apt. #, etc. Suite 2B			Suite, Apt. #, etc.		
City & State Tallahassee, FL.			City & State Tallahassee, FL.		
Zip 32301		Country U.S.A.		Zip 32302	
Country U.S.A.		4. FEI Number 01-0634060			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300118964013 02/28/08--01003--017 **138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANCOURT, DAVID PO BOX 10570 TALLAHASSEE, FL 32302	<input checked="" 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	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	MGR BROOKS HOLDINGS, LLC 2000 DOGWOOD HILL TALLAHASSEE, FL 32308	<input checked="" 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	<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	<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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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