FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 25 PM 2:28

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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06/25/03--01062--002 **50.00

DOCUMENT # L02000025947

1. Entity Name
WHITE IBIS, LLC

Principal Place of Business	Mailing Address
11983 NORTH TAMIAMI TRAIL, SUITE #142 NAPLES, FL 34110	11983 NORTH TAMIAMI TRAIL, SUITE #142 NAPLES, FL 34110

2. Principal Place of Business	3. Mailing Address
11983 North Tamiami Tr.	11983 North Tamiami Tr.
Suite, Apt. #, etc.: Suite 132	Suite, Apt. #, etc.: Suite 132
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34110 Country: USA	Zip: 34110 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 84-1622109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOEPFFLER, ALBERT
11983 NORTH TAMIAMI TRAIL, SUITE #142
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name: ALBERT KNOEPFFLER
Street Address (P.O. Box Number is Not Acceptable): 11983 North Tamiami Trail
Suite 132
City: Naples FL Zip Code: 34110

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: A. C. Knoepffler 6/20/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNOEPFFLER, ALBERT 11983 NORTH TAMIAMI TRAIL, SUITE #142 NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager KNOEPFFLER, ALBERT Address 11983 North Tamiami Trail Suite 132 Naples, FL 34110 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: A. C. Knoepffler 6/20/03 (239) 597-7674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #