2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000034480

1. Entity Name
WHITE HOUSE NO.2 ALF, LLC



Principal Place of Business

Mailing Address

1822 NEBRASKA AVENUE PALM HARBOR, FL 34683 1822 NEBRASKA AVENUE PALM HARBOR, FL 34683

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90084 006 ****50.00



04232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3586382	,	Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

POZNIAKOWSKI, ANDREW 1822 NEBRASKA AVENUE PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FI	lling Fee is \$50.00 ue by May 1, 2006	(more, neglection age it organize required when Helisadiris)	DATE
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZEP	MGRM POZNIAKOWSKI, ANDREW 1822 NEBRASKA AVENUE PALM HARBOR, FL 34683		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this fiting does not on this report is true and accurate and that my signature shollity company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company of	qualify for the exemptions contained in Chapter 119, Florida : half have the same legal effect as if made under oath; that I bute this report as required by Chapter 608, Florida Statutes.	Statutes. I further certify that the information am a managing member or manager of the

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 Fiorida. I am familiar with, and accept