

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
07 APR 26 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK



04262007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000000727</b>					
<b>1. Entity Name</b> FLOWERS & WHITE, L.L.C.					
<b>Principal Place of Business</b> 1501 EAST PARK AVENUE TALLAHASSEE, FL 32301 US			<b>Mailing Address</b> 1501 EAST PARK AVENUE TALLAHASSEE, FL 32301 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 16-1646010	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FLOWERS, FRED H 1501 EAST PARK AVENUE TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>BK</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLOWERS, FRED H 1501 EAST PARK AVE TALLAHASSEE, FL 32301		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	200101821922 05/08/07--01023--017 **110.00	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, LARRY K 1501 EAST PARK AVE TALLAHASSEE, FL 32301		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Fred H. Flowers</i> <b>Fred H. Flowers</b> 4-26-07 850.681.2303					