

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009082

FILED  
May 15, 2004  
Secretary of State

**Entity Name:** THE LAW OFFICES OF IAN C. WHITE, LLC

**Current Principal Place of Business:**

285 NW 138TH TERRACE  
SUITE 100  
JONESVILLE, FL 32669

**New Principal Place of Business:**

285 NW 138TH TERRACE  
SUITE 200  
JONESVILLE, FL 32669

**Current Mailing Address:**

285 NW 138TH TERRACE  
SUITE 100  
JONESVILLE, FL 32669

**New Mailing Address:**

285 NW 138TH TERRACE  
SUITE 200  
JONESVILLE, FL 32669

**FEI Number:** 72-1558188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, IAN C  
285 NW 138TH TERRACE  
SUITE 100  
JONESVILLE, FL 32669 US

**Name and Address of New Registered Agent:**

WHITE, IAN C  
285 NW 138TH TERRACE  
SUITE 200  
JONESVILLE, FL 32669 US

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.

SIGNATURE:

05/15/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WHITE, IAN C  
Address: 285 NW 138TH TERRACE  
City-St-Zip: SUITE 100, FL 32669

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WHITE, IAN C  
Address: 285 NW 138TH TERRACE  
City-St-Zip: SUITE 200, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: IAN C. WHITE

MGRM

05/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date