2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L03000052748

Entity Name: WHITE MUFFY, LLC

Current Principal Place of Business:

1201 BRICKELL AVE.
#320
MIAMI, FL 33131

New Principal Place of Business:

1350 NW 8TH CT
PH 2
MIAMI, FL 33136

Current Mailing Address:

1201 BRICKELL AVE
#320
MIAMI, FL 33131

New Mailing Address:

1350 NW 8TH CT
PH 2
MIAMI, FL 33136

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUTIERREZ JR, ARMANDO
1201 BRICKELL AVE
#320
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GUTIERREZ JR, ARMANDO
1350 NW 8TH CT
PH 2
MIAMI, FL 33136 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: ARMANDO GUTIERREZ, JR 04/22/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GUTIERREZ JR, ARMANDO
Address: 1201 BRICKELL AVE #320
City-St-Zip: MIAMI, FL 33131 US

Title: MGR ( ) Delete
Name: KUPER, ERIC
Address: 1201 BRICKELL AVE #320
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GUTIERREZ JR, ARMANDO
Address: 1350 NW 8TH CT, PH 2
City-St-Zip: MIAMI, FL 33136 US

Title: MGR (X) Change ( ) Addition
Name: KUPER, ERIC
Address: 1350 NW 8TH CT, PH 2
City-St-Zip: MIAMI, FL 33136 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARMANDO GUTIERREZ, JR MGR 04/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date