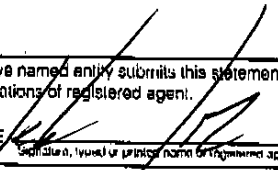
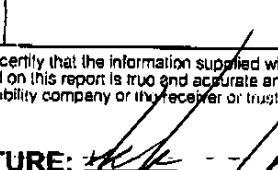


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90064 028 ****55.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

40063047

DOCUMENT # L03000053305					
1. Entity Name WHITEROCK DEVELOPMENT, LLC					
Principal Place of Business 9523 NE 100TH STREET MIAMI, FL 33178			Mailing Address 9523 NE 100TH STREET MIAMI, FL 33178		
2. Principal Place of Business 11975 NW 9TH ST. Suite, Apt. #, etc.		3. Mailing Address 11975 NW 9TH ST. Suite, Apt. #, etc.			
City & State CORAL SPRINGS, FL. Zip 33071 Country BROWARD		City & State CORAL SPRINGS, FL. Zip 33071 Country BROWARD		4. FEI Number 20-0572195 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: William Gully Street Address (P.O. Box Number is Not Acceptable) 11975 NW 9TH ST. City: CORAL SPRINGS FL Zip Code: 33071		
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: 			DATE: 3/28/06		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR GILULLY, WILLIAM 11975 NW 9TH STREET CORAL SPRINGS, FL 33071	☐ 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	
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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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE: 			DATE: 3/28/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					