


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90029 042 \*\*\*150.00  
06-13-2005 90321 041 \*\*\*\*\*5.00

<b>DOCUMENT # L04000029033</b>			
1. Entity Name <b>WHITE BOYS PUBLISHING, LLC</b>			
Principal Place of Business <b>5453 LAKE MARGARET DRIVE, UNIT J ORLANDO, FL 32812</b>		Mailing Address <b>5453 LAKE MARGARET DRIVE, UNIT J ORLANDO, FL 32812</b>	
2. Principal Place of Business <b>5453 LAKE MARGARET DRIVE</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>UNIT J</b>		Suite, Apt. #, etc.	
City & State <b>ORLANDO, FL</b>		City & State	
Zip <b>32812</b>	Country	Zip	Country
4. FEI Number <b>52-2264594</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MOORE, MICHAEL L ESQ 640 NORTH HILLSIDE AVENUE ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>Michael L. Moore</b> <b>Michael L. Moore</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHITE, BRENDA 5453 LAKE MARGARET DRIVE, UNIT J ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>Brenda White</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>5/24/05</b> (407) 508-9972 Daytime Phone #	

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