

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90036 003 ****50.00

DOCUMENT # L04000036411

1. Entity Name
FLOWERS AND WHITE PROPERTIES, LLC



Principal Place of Business
**1501 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

Mailing Address
**1501 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE



05012006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
36-4554306

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, LARRY K
1501 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FLOWERS, FRED
1501 E PARK AVE
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WHITE, LARRY
1501 E PARK AVE
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #