

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90188 048 \*\*\*\*50.00

600611-1



03012007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000070354</b> 1. Entity Name <b>WHITEOAK TIMBER, LLC</b>					
Principal Place of Business <b>501 COMMENDENCIA STREET PENSACOLA, FL 32502</b>			Mailing Address <b>501 COMMENDENCIA STREET PENSACOLA, FL 32502</b>		
2. Principal Place of Business - No P.O. Box # <b>8494 Navarre Parkway</b>		3. Mailing Address <b>8494 Navarre Parkway</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Navarre, FL</b>		City & State <b>Navarre, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32566</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BEGGS &amp; LANE, RLLP 501 COMMENDENCIA STREET PENSACOLA, FL 32502</b>		7. Name and Address of New Registered Agent Name <b>William A. Pullum</b> Street Address (P.O. Box Number is Not Acceptable) <b>8494 Navarre Parkway</b> City <b>Navarre FL</b> Zip Code <b>32566</b>			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>William A. Pullum</b> <b>3/5/07</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PULLUM, BILL 501 COMMENDENCIA STREET PENSACOLA, FL 32502</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr Pullum, William A. 8494 Navarre Parkway Navarre, FL 32566</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>		<b>William A. Pullum, Mgr</b> <b>3/5/07</b> <b>850-939-2363</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			