


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**


02-28-2005 90048 048 \*\*\*\*\*55.00

<b>DOCUMENT # L04000071871</b>	
1. Entity Name <b>THOMAS T. WHITE, GENERAL CONTRACTOR, LLC</b>	

Principal Place of Business <b>241881 CR 121 HILLIARD FL 32046</b>	Mailing Address <b>P.O. BOX 1584 HILLIARD FL 32046</b>
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2. Principal Place of Business <b>371374 Kings Ferry Road</b>	3. Mailing Address <b>P.O. Box 1584</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>1</b>

City & State <b>Hilliard FL 32046</b>	City & State <b>Hilliard FL</b>
Zip <b>32046</b>	Country <b>USA</b>

	
1st MOORE	CR2E083 (10/04)
4. FEI Number <b>20-1703370</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>WHITE, THOMAS T 241881 CR 121 HILLIARD FL 32046</b>	
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7. Name and Address of New Registered Agent	
Name	
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 <i>Thomas T. White</i>	DATE <b>2-20-05</b>

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2005</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>WHITE, THOMAS T</b> <b>241881 CR 121</b> <b>HILLIARD FL 32046</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>JOHNSON, ROLLEN Y</b> <b>306 PEACH STREET</b> <b>FOLKSTON GA 31537</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>REED, MICHAEL C</b> <b>810 PENN AVE.</b> <b>FOLKSTON GA 31537</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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
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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 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.	
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SIGNATURE: <i>Thomas T. White</i>	DATE: <b>2-20-05</b>	DAYTIME PHONE: <b>904 483-6560</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		