2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L04000071871

Entity Name: THOMAS T. WHITE, GENERAL CONTRACTOR, LLC

Current Principal Place of Business:

371374 KINGS FERRY RD
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1584
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 20-1703370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, THOMAS T
371374 KINGSFERRY ROAD
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WHITE, THOMAS T
Address: 371374 KINGSFERRY ROAD
City-St-Zip: HILLIARD, FL 32046

Title: MGRM ( ) Delete
Name: JOHNSON, ROLLEN Y
Address: 306 PEACH STREET
City-St-Zip: FOLKSTON, GA 31537

Title: MGRM (X) Delete
Name: GINNETTO, DAVID L
Address: 26098 HEARTH PLACE
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS T. WHITE MGRM 01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date