


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90337 031 ****50.00

DOCUMENT # L04000080072	
1. Entity Name WHITE OAKS CAPITAL, LLC	

Principal Place of Business 1600 FEREDERICA RD #10 ST. SIMONS ISLAND, GA 31522	Mailing Address P.O. BOX 31046 SEA ISLAND, GA 31561
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2. Principal Place of Business - No P.O. Box # 100 IDAC lane	3. Mailing Address 100 IDAC lane
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State St. Simons Island, GA	City & State St. Simons Island, GA
Zip 31522	Country USA




03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2901644	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BOSTIC, ROBERT S 757 S.E. 17TH STREET, #826 FT. LAUDERDALE, FL 33316-5	


7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 	DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOSTIC, ROBERT S 1600 FREDERICA RD 310 ST. SIMONS ISLAND, GA 31522 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOSTIC, ROBERT S 757 SE 17th St # 826 Ft. Lauderdale, FL 33316 <input checked="" 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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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

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: 	Date 4-13-07	Daytime Phone # 912-634-3301
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