2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# L05000008313

Entity Name: WHITE DEVELOPMENT, LLC

Current Principal Place of Business:

613 CRESCENT BLVD.
SUITE 101
RIDGELAND, MS 39157

New Principal Place of Business:

Current Mailing Address:

613 CRESCENT BLVD.
SUITE 101
RIDGELAND, MS 39157

New Mailing Address:

FEI Number: 20-2222141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUXTABLE, RICHARD
50 ALEX COURT
DESTIN, FL 32541 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, GUY H	
Address:	613 CRESCENT CIRCLE, SUITE 101	
City-St-Zip:	RIDGELAND, MS 39157	
Title:	MGRM	( ) Delete
Name:	WHITE, CHARLES N JR.	
Address:	4220 RIVER GARDEN TRAIL	
City-St-Zip:	AUSTIN, TX 78746	
Title:	CFO	( ) Delete
Name:	HOLLIMAN, DAVID	
Address:	613 CRESCENT CIRCLE, SUITE 101	
City-St-Zip:	RIDGELAND, MS 39157	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	WHITE, CHARLES N JR.	
Address:	2705 BEE CAVE ROAD, SUITE 250	
City-St-Zip:	AUSTIN, TX 78746	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CONT	( ) Change (X) Addition
Name:	NOE, GAIL M	
Address:	613 CRESCENT CIRCLE, SUITE 101	
City-St-Zip:	RIDGELAND, MS 39157	

I hereby certify that the information supplied with this filing does not qualify 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: GAIL M NOE CONT 03/17/2008

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