

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008313

Entity Name: WHITE DEVELOPMENT, LLC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

613 CRESCENT BLVD.  
SUITE 101  
RIDGE LAND, MS 39157

**New Principal Place of Business:**

**Current Mailing Address:**  
613 CRESCENT BLVD.  
SUITE 101  
RIDGE LAND, 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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Delete  
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: CFO ( ) Delete  
Name: HOLLIMAN, DAVID  
Address: 613 CRESCENT CIRCLE, SUITE 101  
City-St-Zip: RIDGELAND, MS 39157

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

Title: CONT ( ) Delete  
Name: NOE, GAIL M  
Address: 613 CRESCENT CIRCLE, SUITE 101  
City-St-Zip: RIDGELAND, MS 39157

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

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

04/13/2009

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