

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025180

FILED
May 01, 2006
Secretary of State

Entity Name: WHITE OAK OUTFITTERS, LLC

Current Principal Place of Business:

545 LE MASTER DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

545 LE MASTER DRIVE
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

545 LE MASTER DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

545 LE MASTER DRIVE
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 20-2540210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE, SUITE 1200
JACKSONVILLE, FL 32202 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MCAFEE, MICHAEL A
Address: 233 6TH AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGR () Change (X) Addition
Name: MOORE, CHARLEY S
Address: 545 LE MASTER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGR () Change (X) Addition
Name: SURFACE, DAVID
Address: 1511 AVONDALE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGR () Change (X) Addition
Name: MOORE, PETER S
Address: 545 LE MASTER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: MICHAEL A. MCAFEE

MGR

05/01/2006

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