2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007
Secretary of State

DOCUMENT# L05000025180

Entity Name: WHITE OAK OUTFITTERS, LLC

Current Principal Place of Business:

545 LE MASTER DRIVE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

545 LE MASTER DRIVE
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

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:	MGR	( ) Delete
Name:	MCAFEE, MICHAEL A	
Address:	233 6TH AVENUE NORTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250 US	
Title:	MGR	( ) Delete
Name:	MOORE, CHARLEY S	
Address:	545 LE MASTER DRIVE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082 US	
Title:	MGR	( ) Delete
Name:	SURFACE, DAVID	
Address:	1511 AVONDALE AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32205 US	
Title:	MGR	( ) Delete
Name:	MOORE, PETER S	
Address:	545 LE MASTER DRIVE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082 US	

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:	
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: CHARLEY MOORE MGR 07/23/2007

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