

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046222

FILED
Apr 28, 2006
Secretary of State

Entity Name: WHITE CAPS, LLC

Current Principal Place of Business:

37 NORTH ORANGE AVENUE
SUITE 760
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

37 NORTH ORANGE AVENUE
SUITE 760
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 61-1490332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIETRICH, D. PAUL III
37 NORTH ORANGE AVENUE
SUITE 200
ORLANDO, FL 32801 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: HUSSEY, JOHN
Address: 37 NORTH ORANGE AVENUE, SUITE 760
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete
Name: EASTWOOD, TOM
Address: 1615 MORNINGSIDE DRIVE
City-St-Zip: ORLANDO, FL 32806 US

Title: MGRM () Delete
Name: MICELI, JOHN
Address: 7703 KINGSPONTE PARKWAY, SUITE 700
City-St-Zip: ORLANDO, FL 32819 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:

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: JOHN HUSSEY

MGRM

04/28/2006

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