2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# L05000058109

Entity Name: WHITE STONE PROPERTIES, LLC

Current Principal Place of Business:

3320 CLAYS MILL ROAD, SUITE 108
LEXINGTON, KY 40503

New Principal Place of Business:

Current Mailing Address:

3320 CLAYS MILL ROAD, SUITE 108
LEXINGTON, KY 40503

New Mailing Address:

FEI Number: 75-3030739 **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:

SIMMONS, MARY ANNE
ONE OCEAN BLVD., SUITE 210
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

SIMMONS, MARY ANNE
3020 32ND AVE.
1213
FORT LAURDALE, FL 33308 US

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: _____ 05/04/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SIMMONS, MARY ANNE
Address: 3320 CLAYS MILL ROAD, SUITE #108
City-St-Zip: LEXINGTON, KY 40503

Title: MS ( ) Delete
Name: WESLEY, ANN
Address: 3320 CLAYS MILL ROAD, SUITE #108
City-St-Zip: LEXINGTON, KY 40503

ADDITIONS/CHANGES:

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: ANN WESLEY MGR 05/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date