
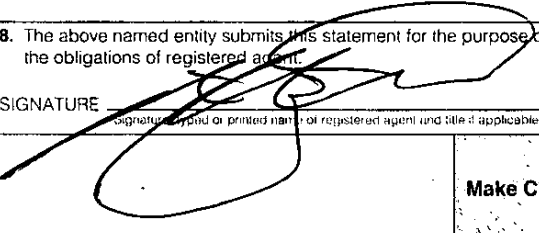
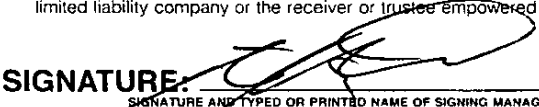


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90023 012 ****50.00

DOCUMENT # L05000061411			
1. Entity Name WHITE OAK RIVER G.P., L.L.C.			
Principal Place of Business 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS FL 33065		Mailing Address 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS FL 33065	
2. Principal Place of Business 6131 Lyons Road Suite, Apt. #, etc. SUITE 200		3. Mailing Address ← same Suite, Apt. #, etc.	
City & State Coconut Creek, FL		City & State	
Zip 33073	Country USA	Zip	Country
6. Name and Address of Current Registered Agent BROWN, GARY L ESQ. C/O PHILLIPS, EISINGER & BROWN, P.A. 4000 HOLLYWOOD BLVD., SUITE 265-S HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name ANDREW ZUCKERMAN Street Address (P.O. Box Number is Not Acceptable) 6131 LYONS ROAD # 200 City Coconut Creek FL Zip Code 33073	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/20/06 (NOTE: Registered Agent signature required when reinstating)			
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZUCKERMAN, ANDREW 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 		3-20-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	