

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102627

FILED
Jul 31, 2007
Secretary of State

Entity Name: WHITECAP MANAGEMENT, LLC

Current Principal Place of Business:

741 FLAMINGO WAY
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

741 FLAMINGO WAY
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 20-3661495 **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:

WHITE, RALPH T
515 N. FLAGLER DRIVE
SUITE 2125
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

WHITE, RALPH T
1210 N. OLIVE AVE
WEST PALM BEACH, FL 33401 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: RALPH T. WHITE

07/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: WHITE, KELLY
Address: 741 FLAMINGO WAY
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VP () Delete
Name: WHITE, RALPH T
Address: 741 FLAMINGO WAY
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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: RALPH T. WHITE

VP

07/31/2007

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