


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90072 049 ****55.00

| | |
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| DOCUMENT # L05000109609 |  |
| 1. Entity Name WHITE CLIFF, G.P., LLC | |

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|---|---|
| Principal Place of Business 540 S. BANANA RIVER DRIVE UNIT # 106 MERRITT ISLAND, FL 32952 | Mailing Address 540 S. BANANA RIVER DRIVE UNIT # 106 MERRITT ISLAND, FL 32952 |
|---|---|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04262006 Chg-LLC CR2E083 (11/05)



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|--|--|---|--|
| 4. FEI Number 20-3782444 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MCPHILLIPS, MICHAEL 1575 WORLEY AVENUE UNIT # 106 MERRITT ISLAND, FL 32952 | | 7. Name and Address of New Registered Agent Name Michael McPhillips Street Address (P.O. Box Number is Not Acceptable) 540 S. Banana River Dr. #106 City Merritt Island, FL Zip Code 32952 | |

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 *Michael McPhillips* DATE 4/27/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCPHILLIPS, MICHAEL 1575 WORLEY AVENUE MERRITT ISLAND, FL 32952 <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 | MGRM KAPLAN, STEVE R 1235 FAULKINGHAM ROAD MERRITT ISLAND, FL 32952 <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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Michael McPhillips* DATE 4/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE