FILED May 30, 2007 8:00 am Secretary of State 05-03-2007 90262 023 ****50.00

ANNUAL REPORT

DOCUMENT # L06000020630 1. Entity Name WHITE FAMILY MANAGEMENT COMPANY I, LLC					- 01	_{]91} 49	
Principal Place of Business Mailing Address					3001	12120	
P.O. BOX 79 CHIEFLAND,		P.O. BOX 790 Chiefland, Fl. 3262					
J		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	110	Man sa sans enn earn earn	kuit pota Tan anno anas cun a	P1011 III (80)
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072	007 Chg-LLC	CR2E083 (12/06)	l
City & State	e	City & State		4. FEII	Number 0 - 44791	· / /	pplied For of Applicable
Zip	Country	Zip	Country		ificate of Status Desired	\$5.00 Ad	ditional
	6. Name and Address of Current	Registered Agent	1	7. Nam	e and Address of New	Fee Requin	ed
<u> </u>	······································		Name	4. FAG11		Branes are sufferen	
515 EAST	L CORPORATE RESEARCH, PARK AVE. SSEE, FL 32301	Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			i				
	•		Cily			FL Zip Cox	ie
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 .	Signature, typed or printed name of registered agen	t and title if applicable. (NC)	E: Registered Agent algorature	a recovered erhern remoute	lina)	DATE	
						BOIL .	
Filing Fee is \$50.00 Due by May 1, 2007						ake check payable to ida Department of Stat	te
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITION	IS/CHANGES	
MIE	MGR	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	WHITE, JUANITA M P.O. BOX 790						
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP				
3m£		Oelete	IIILE			☐ Change	☐ Addition
MANE STREET ADDRESS			NAME Street Address				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Deleta	TITLE		,	☐ Change	Addition
KAME			NAME				ļ
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE		☐ De lete	TITLE			ПСпалое	Addition
NAME			HAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-2IP			CITY-ST-ZIP			☐ Change	Addition
HAME		☐ Delete	TITLE NAME			C) Change	C) Addition
STREET ADDRESS			STREET ADORESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZUP				
MATE		☐ Delete	TITLE MAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				ŀ
CITY+ST-ZIP		<u></u>	CITY-ST-ZIP				
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 it 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.							
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SIGNATURE: SLANUTA JULIUS SIGNATURE							