


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L06000020630 1. Entity Name WHITE FAMILY MANAGEMENT COMPANY I, LLC |  |
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|--|--|
| Principal Place of Business P.O. BOX 790 CHIEFLAND, FL 32626 | Mailing Address P.O. BOX 790 CHIEFLAND, FL 32626 |
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DO NOT WRITE IN THIS SPACE



01172008No Chg-LLC CR2E083 (12/07)

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|---|--------------------------------|
| 4. FEI Number 20-4479656 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

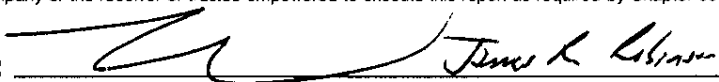
U00000901905
04/29/08-80086-021 138.75

9. MANAGING MEMBERS/MANAGERS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR WHITE, JUANITA M P.O. BOX 790 CHIEFLAND, FL 32626 |
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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:  4/11/08 404 873 8790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #