FILED May 30, 2007 8:00 am Secretary of State 05-03-2007 90262 024 ****50.00

2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000020632										
WHITE FAMILY MANAGEMENT COMPANY II, LLC						30009146				
Principal Place of Business Mailing Address							30000	17.40		
P.O. BOX 790 P.O. BOX 790										
CHIEFLAND, FL 32626 CHIEFLAND, FL 32626										
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. •, etc.			03072007	Chg-LLC	CR2E	83 (12/06)	
City & State			City & State			4. FEI Numb スク	-4479	715	<u> </u>	oplied For on Applicable
Zip	Country		Zip	Zip Count		5. Certificate	of Status Desired		\$5.00 Add	ditional
6. Name and Address of Current I			legistered Agent			7. Name and	Address of New !	Registered .		
Name						·				
515 EAST	L CORPOR PARK AVE SSEE, FL 3		ſD., INC.			(P.O. Box Numb	er is Not Acceptabl	le)		
THE WARRENCE OF STATE								·		
					City			FL	Zip Cod	e
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 or rogistered agent and she if applicable. (NOTE: Registered Agent aligneture required when renestating) DATE										
						1			•	
Filing Fee is \$50.00 Due by May 1, 2007								te check p a Departm	ayable to ent of State	
9.		MANAGING MEMBI	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
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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 eath; that I am a managing member or manager of the firnited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
indicated	d on this report	is true and accurate and	d that my signature shall have	the sam	e legal effect as if n	made under oath	i;thatlam a mana	urther certify ging membe	/ that the info er or manage	er of the
indicated	d on this report	is true and accurate and	d that my signature shall have	the sam	e legal effect as if n	made under oath	i;thatlam a mana	ging membe	r that the info or or manage	er of the