

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90046 022 \*\*\*\*55.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L06000044374</b> 1. Entity Name <b>WHITEMALL TRUCKING, L.L.C.</b>			
Principal Place of Business <b>870 GARDENIA DRIVE          ROYAL PALM BEACH, FL 33411</b>		Mailing Address <b>870 GARDENIA DRIVE          ROYAL PALM BEACH, FL 33411</b>	
2. Principal Place of Business - No P.O. Box # <b>870 Gardenia Dr</b>		3. Mailing Address <b>Same above</b>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State <b>Royal Palm beach FL</b>		City & State _____	
Zip <b>33411</b>	Country <b>U.S.A</b>	Zip _____	Country _____
4. FEI Number <b>14-1960805</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b>		Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MOORE, MIRIAM P          870 GARDENIA DRIVE          ROYAL PALM BEACH, FL 33411</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 <u>Miriam P. Moore</u> DATE <u>4/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>Owner and Manager</b> <input type="checkbox"/> Delete NAME <b>Miriam P. Moore</b> STREET ADDRESS <b>870 Gardenia Dr</b> CITY-ST-ZIP <b>Royal Palm beach FL 33411</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Miriam P. Moore</u>		Date <u>4/23/07</u> <span style="float: right;">561 792-6166</span> Daytona Phone # <u>561 253-5900</u>	