

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047382

FILED
May 07, 2008
Secretary of State

Entity Name: THE WHITEHOUSE 415, LLC.

Current Principal Place of Business:

2545 S. OCEAN BLVD.
UNIT 415
PALM BEACH, FL 33480 US

New Principal Place of Business:

.7099 FALLS ROAD EAST
BOYNTON BEACH, FL 33437 US

Current Mailing Address:

7099 FALLS ROAD EAST
BOYNTON BEACH, FL 33437 US

New Mailing Address:

.7099 FALLS ROAD EAST
BOYNTON BEACH, FL 33437 US

FEI Number: 14-1960947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STOLL, ELLIOTT B PRES.
7099 FALLS ROAD EAST
BOYNTON BEACH, FL 33437 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STOLL, ELLIOTT B
Address: 7099 FALLS ROAD EAST
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGRM () Delete
Name: ISRAELIAN, ARIE
Address: 18739 OCEAN MIST DRIVE
City-St-Zip: BOCA RATON, FL 33498 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELLIOTT B. STOLL

MGR

05/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date