2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056643

LITTLE TORCH KEY, FL 33042 US

() Delete

BAUGH, CATHERINE C

BIG PINE KEY, FL 33043 US

29028 MAGNOLIA LN

City-St-Zip:

City-St-Zip:

MGRM

Title:

Name: Address:

Entity Name: WHITE GROVE, LLC

FILED May 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 670 LAFITTE RD LITTLE TORCH KEY, FL 33042 US **Current Mailing Address: New Mailing Address:** 670 LAFITTE RD LITTLE TORCH KEY, FL 33042 US FEI Number: 20-4989556 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: WHITE, MICHELE Y 670 LAFITTE RD LITTLE TORCH KEY, FL 33042 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition WHITE, MICHELE Name: Name: Address: 670 LAFITTE RD Address: City-St-Zip: LITTLE TORCH KEY, FL 33042 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WHITE, JOE R Name: Address: 670 LAFITTE RD Address:

City-St-Zip:

() Change () Addition

Title:

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: MICHELE Y WHITE MGRM 05/06/2009