

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094273

Entity Name: WHYTE NOISE, LLC

FILED  
Jul 24, 2007  
Secretary of State

**Current Principal Place of Business:**

300 SW 1ST AVENUE  
SUITE 201  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

12721 SW 52 STREET  
MIRAMAR, FL 33027

**New Mailing Address:**

FEI Number: 14-1979721      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:**

DAWKINS, TANYA-MARIE A  
3961 SW 186 WAY  
MIRAMAR, FL 33029      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: POWE, MICHELLE K MRS.  
Address: 12721 SW 52 STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: MGR      ( ) Delete  
Name: DAWKINS, TANYA-MARIE A MS.  
Address: 3961 SW 186 WAY  
City-St-Zip: MIRAMAR, FL 33027

**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: TANYA-MARIE DAWKINS

MGR

07/24/2007

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