

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000004533**

1. Entity Name  
**PEARLY WHITE PROPERTIES, LLC**



Principal Place of Business  
**51 S. ANDALUSIA AVENUE  
SANTA ROSA BEACH, FL 32459**

Mailing Address  
**51 S. ANDALUSIA AVENUE  
SANTA ROSA BEACH, FL 32459**



01082007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>58-2634533</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**BENNETT, KAREN B  
51 S. ANDALUSIA AVENUE  
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE  
IN THIS SPACE**

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

*Karen Bennett*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*11/10/07*

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                |                            |
|----------------|----------------------------|
| TITLE          | MGR                        |
| NAME           | BENNETT, TERRELL R         |
| STREET ADDRESS | 51 S. ANDALUSIA AVENUE     |
| CITY-ST-ZIP    | SANTA ROSA BEACH, FL 32459 |

|                |                            |
|----------------|----------------------------|
| TITLE          | MGR                        |
| NAME           | BENNETT, KAREN B           |
| STREET ADDRESS | 51 S. ANDALUSIA AVENUE     |
| CITY-ST-ZIP    | SANTA ROSA BEACH, FL 32459 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| TITLE          |  |
| NAME           |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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**DO NOT WRITE  
IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE:

*Karen Bennett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

*11/10/07*

*850 231 7709*