
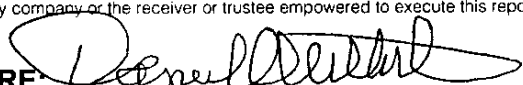


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90034 035 ****50.00

DOCUMENT # M05000002675 1. Entity Name DP WHITE ENTERPRISES, LLC					
Principal Place of Business 409 N. MAIN STREET SHIRLEY, IN 47384			Mailing Address 409 N. MAIN STREET SHIRLEY, IN 47384		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address PO Box 80 Suite, Apt. #, etc.		
City & State Shirley IN			4. FEI Number 20-2577398		
Zip 47384			5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
Country Hancock			Applied For Not Applicable		
6. Name and Address of Current Registered Agent WHITE, PHIL 6966 CROWN DRIVE ENGLEWOOD, FL 34224			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, DANIEL 6985 N. 1125 E SHIRLEY, IN 47384	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, PHIL 7104 S. WALNUT STREET MUNCIE, IN 47302	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 5/1/06 Daytime Phone #					

400000100



01062006 Chg-LLC CR2E083 (11/05)