


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90076 044 ****50.00


DOCUMENT # L03000038651
1. Entity Name
WHITE SAND PROPERTIES, LLC



Principal Place of Business Mailing Address
16160 MOUNT ABBEY WAY, UNIT 201 16160 MOUNT ABBEY WAY, UNIT 201
FORT MYERS, FL 33908 FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

400000001



01132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0296062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

FINN-BOUCHARD, SHEILA
16160 MOUNT ABBEY WAY, UNIT 201
FORT MYERS, FL 33908

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINN-BOUCHARD, SHEILA TRUSTEE 16160 MOUNT ABBEY WAY, UNIT 201 FORT MYERS, FL 33908
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sheila Bouchard Date: 2-5-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #