


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90092 050 ****50.00

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

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



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

2nd MOORE CR2E083 (4/06)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| FINN-BOUCHARD, SHEILA 16160 MOUNT ABBEY WAY, UNIT 201 FORT MYERS FL 33908 | |

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

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

| 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 <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 |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SHEILA FINN-BOUCHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12601 MASTIQUE BEACH BLVD #803 FT. MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Sheila Finn-Bouchard* **9-08-06** **339-565-0372**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #