2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State
08-09-2004 90147 025 ****55.00

DOCUMENT # L02000014627

1. Entity Name
WHITE SAND LLC

Principal Place of Business	Mailing Address
780 NORTHWEST LEJEUNE RD., STE. 516 MIAMI, FL 33126	780 NORTHWEST LEJEUNE RD., STE. 516 MIAMI, FL 33126

24078926

08022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5501 N. OCEAN DRIVE	P.O. BOX 0484
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State: MIAMI FL
Zip: 33019 Country: USA	Zip: 33256 Country: USA

4. FEI Number 30-0085542 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIEDRA, AURELIO A 780 NW LEJEUNE RD. #516 MIAMI, FL 33126	Name: MARK W. KAY Street Address (P.O. Box Number is Not Acceptable): 1320 S. DIXIE HWY. Suite 870 City: CORAL GABLES FL Zip Code: 33146

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 [signature] 8/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	HIDALGO, ERNESTO		NAME	HIDALGO, ERNESTO	
STREET ADDRESS	780 NORTHWEST LEJEUNE RD., STE. 516		STREET ADDRESS	1010 DIPLOMAT PKWY	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	MGR	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	NARANJO, JAVIER		NAME	NARANJO, JAVIER	
STREET ADDRESS	780 NORTHWEST LEJEUNE RD., STE. 516		STREET ADDRESS	2780 N. SURF ROAD	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Hollywood, FL 33019	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] JAVIER NARANJO 8/2/04 954 334 0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #