# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 17, 2004 8:00 am**
**Secretary of State**
04-08-2004 90272 035 ****50.00

DOCUMENT # L02000022378

1. Entity Name
WHITE SANDS L.L.C.

34006333

| Principal Place of Business | Mailing Address |
|---|---|
| 802 NORTH BELCHER ROAD<br>CLEARWATER, FL 33765 | 802 NORTH BELCHER ROAD<br>CLEARWATER, FL 33765 |

03242004 Chg-LLC CR2E083 (10/03)

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

4. FEI Number APPLIED FOR 59-2811797 ☐ 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 |
|---|---|
| PATEL, HARISH<br>802 NORTH BELCHER ROAD<br>CLEARWATER, FL 33765 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2004**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>PATEL, HARISH<br>802 NORTH BELCHER ROAD<br>CLEARWATER, FL 33765 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>LELE, UDAY<br>802 NORTH BELCHER ROAD<br>CLEARWATER, FL 33765 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>D'SOUZA, GERARD<br>802 NORTH BELCHER ROAD<br>CLEARWATER, FL 33765 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>R.K. FAMILY LTD. PARTNERSHIP<br>802 NORTH BELCHER ROAD<br>CLEARWATER, FL 33765 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>NANDA LLC<br>802 NORTH BELCHER ROAD<br>CLEARWATER, FL 33765 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>BEACHAM, SUSHILA<br>802 NORTH BELCHER ROAD<br>CLEARWATER, FL 33765 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** _____ 3.31.04 443-5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #