

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022378

FILED
May 02, 2006
Secretary of State

Entity Name: WHITE SANDS L.L.C.

Current Principal Place of Business:

483 MANDALAY AVE
209
CLEARWATER BEACH, FL 33767

New Principal Place of Business:

Current Mailing Address:

483 MANDALAY AVE
209
CLEARWATER BEACH, FL 33767

New Mailing Address:

FEI Number: 41-2056938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PATEL, HARISH
483 MANDALAY AVE
209
CLEARWATER BEACH, FL 33767 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, HARISH
Address: 483 MANDALAY AVE #209
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MGRM () Delete
Name: LELE, UDAY
Address: 483 MANDALAY AVE #209
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MGRM () Delete
Name: D'SOUZA, GERARD
Address: 483 MANDALAY AVE #209
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MR () Delete
Name: ABHANKAR, SUNIL
Address: 483 MANDALAY AVE #209
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MNGR () Delete
Name: NANDA LLC,
Address: 483 MANDALAY AVE #209
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MGRM () Delete
Name: BEACHAM, SUSHILA
Address: 483 MANDALAY AVE #209
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LELE UDAY

PRES

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date