

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031777

FILED
Jan 16, 2004
Secretary of State

Entity Name: WHITE SANDS SHORELINE PROTECTION ASSOCIATION, LLC

Current Principal Place of Business:

229 WHITE SANDS DRIVE
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

229 WHITE SANDS DRIVE
PORT ST. JOE, FL 32456 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHOLZ, RUSSELL
206 E. 4TH STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: GOLZ, RAYMOND A
Address: 229 WHITE SANDS DRIVE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM () Delete
Name: BLAKE, JACK
Address: 263 WHITE SANDS DRIVE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM () Delete
Name: PIERCE, JAMES
Address: 289 WHITE SANDS DRIVE
City-St-Zip: PORT ST. JOE, FL 323456 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND A GOLZ

MGRM

01/16/2004

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