

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2007 08:00 AM
Secretary of State



DOCUMENT # L04000018691
 1. Entity Name
WHITE SANDS DEVELOPMENT LLC

Principal Place of Business Mailing Address
 C/O UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD., SUITE 508
 MIAMI FL 33156 C/O UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD., SUITE 508
 MIAMI FL 33156



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc Suite, Apt. #, etc

1st MOORE CR2E083 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
20-0844808 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR LANDEGGER, GEORGE F 4 INTERNATIONAL DRIVE, SUITE 300 RYE BROOK NY 10573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR SWEENEY, STEPHEN J 4 INTERNATIONAL DRIVE, SUITE 300 RYE BROOK NY 10573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR FULGIERI, MARIA A 4 INTERNATIONAL DRIVE, SUITE 300 RYE BROOK NY 10573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR FITZPATRICK, FRANCIS K 4 INTERNATIONAL DRIVE, SUITE 300 RYE BROOK NY 10573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

000000738447 Change Addition
 05/11/07-80066-021 50.00

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Francis FitzPatrick* Francis FitzPatrick Feb. 6, 2007 914 933 5728
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #