2005 LIMITED LIABILITY COMPANY

FILED Jul 22, 2005 8:00 am

ANNUAL REPURI						Secretary of State					
DOCUMENT # L04000044643 1. Entity Name WHITE SANDS STORAGE SOLUTIONS, LLC						07-22-2005 90056 030 ****55.00					
WHITE SA	ANDS S	TORAGE SOLUTIO	DNS, LLC								
Principal Place	e of Busines	s	Mailing Address				200	nrat	خفا		
2109 WHALE PENSACOLA,			2109 WHALEY AVE PENSACOLA, FL 32503				200	6505	7		
	ZEN		3. Mailing Address POBOX 24 Suite, Apt. #, etc.	128							
Suite, Apt.	201		Suite, Apr. #, etc.			07062005	Chg-LLC		E083 (10/03)		
Pensa	cdA	FL	PENSACOLA	FL		4. FEI Number	65086	6	No	plied For t Applicable	
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	6. Name	and Address of Current	Registered Agent	Nama	<u> </u>		Address of New	Registere	d Agent	······································	
MANGRUM, MIKE J					Name Peter Movgey						
2109 WHA PENSACO				Street Address			ANOT CCEPTAL	016)			
	_ ,,			50	100	mmen	dencia	<u>St.</u>			
		\wedge		City f	ens	acolA	•	F	L Zipsod	502	
8. The above	named <u>intil</u>		r the purpose of changing its re	egistered office o	r registere	ed agent, or bot		_	m familiar with,	and accept	
J							7 /	∩€			
SIGNATURE .	Signature, types	or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signat	lure required	when reinstating)	7-6	DATE	· :		
Fil	ling Fee i		and title if applicable. (NOTE: F	Registered Agent signal	ure required	when reinstating)	Ma	DATE	payable to	••••••••••••••••••••••••••••••••••••••	
Fil	ling Fee i	s \$50.00		Registered Agent signal	lure required	when reinstating)	Ma Flori	DATE	payable to ment of State	9	
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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.

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE