

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90306 045 ****55.00

DOCUMENT # L04000068392

1. Entity Name
WHITE SANDS CONDO, LLC



Principal Place of Business
9508 GRIFFIN ROAD
COOPER CITY, FL 33328

Mailing Address
9508 GRIFFIN ROAD
COOPER CITY, FL 33328



2. Principal Place of Business - No P.O. Box #

3155 N. 39th St

3. Mailing Address

3155 N. 39th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007 Chg-LLC CR2E083 (12/06)

City & State

Hollywood Florida

City & State

Hollywood FLA

4. FEI Number
20-1960520

Applied For
Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIGNACCA, ROBERT
9508 GRIFFIN ROAD
COOPER CITY, FL 33328

7. Name and Address of New Registered Agent

Name
MALCOLM RESNICK

Street Address (P.O. Box Number is Not Acceptable)

3155 N. 39th Street

City Hollywood

FL

Zip Code

33021

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

[Signature] MALCOLM RESNICK

3/20/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MIGNACCA, ROBERT
9508 GRIFFIN ROAD
COOPER CITY, FL 33328 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RESNICK, MALCOLM
9508 GRIFFIN ROAD
COOPER CITY, FL 33328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MALCOLM RESNICK

Date

3/20/07

Daytime Phone #

954-966-8239