

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90025 037 ****50.00

DOCUMENT # L05000023012



1. Entity Name
 WHITE SANDS COVE LLC

Principal Place of Business
 5489 WHITE SANDS COVE
 LAKE WORTH, FL 33467

Mailing Address
 5489 WHITE SANDS COVE
 LAKE WORTH, FL 33467



2. Principal Place of Business
 4247 Cedar Creek Ranch
 Suite, Apt. #, etc. Circle

3. Mailing Address
 4247 Cedar Creek Ranch
 Suite, Apt. #, etc. Circle

01052006 Chg-LLC CR2E083 (11/05)

City & State
 Lake Worth FL
 Zip 33467 Country USA

City & State
 Lake Worth FL
 Zip 33467 Country USA

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARINO, JOHN D.
 5489 WHITE SANDS COVE
 LAKE WORTH, FL 33467

Address change

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 4247 Cedar Creek Ranch Circle
 City Lake Worth FL Zip Code 33467

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 *John D. Marino* John D. Marino March 9, 2006
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

Filing Fee is \$50.00
 Due by May 1, 2006

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	MARINO, JOHN D	5489 WHITE SANDS COVE	LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
				<i>Address change</i>
MGRM	MARINO, SUSAN M	5489 WHITE SANDS COVE	LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
				<i>Address change</i>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4247 Cedar Creek Ranch Circle	Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4247 Cedar Creek Ranch Circle	Lake Worth FL 33467	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: *John D. Marino* John D. Marino 561-963-9963
 March 9, 2005 561-801-6492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #