


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # L05000023012
 1. Entity Name
WHITE SANDS COVE LLC



Principal Place of Business 4247 CEDAR CREEK RANCH CIR LAKE WORTH, FL 33467	Mailing Address 4247 CEDAR CREEK RANCH CIR LAKE WORTH, FL 33467
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03252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MARINO, JOHN D
 4247 CEDAR CREEK RANCH CIR
 LAKE WORTH, FL 33467

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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 (N/A) _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARINO, JOHN D 4247 CEDAR CREEK RANCH CIR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARINO, SUSAN M 4247 CEDAR RANCH CIR LAKE WORTH, FL 33467
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 04/05/07-80021-018 55.00

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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.

John D. Marino
SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03:25-07 561-963-9963

Date Daytime Phone #