

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078728

Entity Name: WHITESANDS, LLC

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

700 SOUTH PALAFOX STREET, SUITE 160  
PENSACOLA, FL 32502

## New Principal Place of Business:

700 SOUTH PALAFOX STREET, SUITE 200  
PENSACOLA, FL 32502

## Current Mailing Address:

700 SOUTH PALAFOX STREET, SUITE 160  
PENSACOLA, FL 32502

## New Mailing Address:

700 SOUTH PALAFOX STREET, SUITE 200  
PENSACOLA, FL 32502

FEI Number: 20-3288951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOWARD, RUSTIN  
700 SOUTH PALAFOX STREET, SUITE 160  
PENSACOLA, FL 32502 US

## Name and Address of New Registered Agent:

HOWARD, RUSTIN R AGENT  
700 SOUTH PALAFOX STREET, SUITE 200  
PENSACOLA, FL 32502 US

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.

SIGNATURE: RUSTIN R. HOWARD

04/26/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HOWARD, RUSTIN  
Address: 700 SOUTH PALAFOX STREET, SUITE 160  
City-St-Zip: PENSACOLA, FL 32502

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HOWARD, RUSTIN R  
Address: 700 SOUTH PALAFOX STREET, SUITE 200  
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUSTIN R. HOWARD

MGRM

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date