2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# L08000052756

Entity Name: WHITE SAND EVENTS, LLC

Current Principal Place of Business:

204 GAUTIER MEMORIAL LANE
PORT SAINT JOE, FL 32456

New Principal Place of Business:

208 REID AVENUE
PORT SAINT JOE, FL 32456

Current Mailing Address:

204 GAUTIER MEMORIAL LANE
PORT SAINT JOE, FL 32456

New Mailing Address:

319 REID AVENUE
PORT SAINT JOE, FL 32456

FEI Number: 26-2689274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, LYNNE O
204 GAUTIER MEMORIAL LANE
PORT SAINT JOE, FL 32456 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARR, LYNNE O
Address: 204 GAUTIER MEMORIAL LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: MGRM ( ) Delete
Name: JACOBS, LEZLE A
Address: 1024 WOODWARD AVENUE
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LEZLE A JACOBS OWNE 04/11/2009

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