

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003648

**FILED**  
**Jul 09, 2007**  
**Secretary of State**

**Entity Name:** WHITE SANDS VENTURES LLC

**Current Principal Place of Business:**

20423 STATE ROAD 7, F-6 350  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

20423 STATE ROAD 7, F-6 350  
BOCA RATON, FL 33498

**New Mailing Address:**

**FEI Number:** 20-4571963      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CASTILLO, GIL  
400 ALTON RD  
#1411  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

DEL PRADO HOLDINGS, INC.  
20423 STATE ROAD 7, F6-350  
BOCA RATON, FL 33498 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:** MARK J. KANE

07/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** DEL PRADO HOLDINGS,, INC  
**Address:** 20423 STATE ROAD 7, F-6 350  
**City-St-Zip:** BOCA RATON, FL 33498

**ADDITIONS/CHANGES:**

**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:** MARK J. KANE

MGR

07/09/2007

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