

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90022 015 \*\*\*138.75

**DOCUMENT # M06000004186**

1. Entity Name  
**WSG GOLDEN SANDS, LLC**



Principal Place of Business  
**400 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 33140**

Mailing Address  
**400 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 33140**

**60031262**



03132008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FFI Number

☒ Applied For  
☐ Not Applied

5. Certificate of Status Desired

☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST SECOND STREET STE 2900  
MIAMI, FL 33131-2130**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>GOLDEN SANDS MEZZ, LLC</b>
STREET ADDRESS	<b>400 ARTHUR GODFREY ROAD</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

**4/24/08**