

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90328 044 ***150.00

DOCUMENT # P99000014282

1. Entity Name
WSG SAND LAKE GP, INC.



Principal Place of Business
400 ARTHUR GODFREY RD
SUITE 200
MIAMI BEACH, FL 33140

Mailing Address
400 ARTHUR GODFREY RD
SUITE 200
MIAMI BEACH, FL 33140

90000000



DO NOT WRITE IN THIS SPACE

03132008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1128196

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMONT NEIMAN INTERIAN & BELLET, P.A.
SUITE 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131

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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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS
NAME WOLMAN, PHILIP
STREET ADDRESS 400 ARTHUR GODFREY RD SUITE 200
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE DP
NAME SHEPPARD, ERIC
STREET ADDRESS 400 ARTHUR GODFREY RD SUITE 200
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

11/24/08