## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2005 8:00 am Secretary of State

200 OCEAN LANE DR RY BISCANNE, FL 33149-1419  2. Principal Place of Business Suite, April, # oth.  2. Principal Place of Business Suite, April, # oth.  3. Mailing Activess Suite, April, # oth.  3. Mailing Activess Suite, April, # oth.  3. See April, # oth.  3. See April, # oth.  3. Mailing Activess Suite, April, # oth.  3. See April, # oth.  3. Name and Address of Description of Salaus Desired   April   Applied For Registered Agent    4. FEI Number   April   Applied For See April   Applied For See Applied    5. Certificate of Salaus Desired   Salaus Desired   Prox Registered Agent    7. Name and Address of New Registered Agent    Name SCRIP, INC.  201 Al HAMMERA CIRCLE Street Address (P.O. Box Number is Not Acceptable)  Street Acceptable (P.O. Box Number is Not Acceptable)  Street Acceptable (P.O. Box Number is Not Acceptable)  Street Acceptable (P.O. Bo	DOCUMENT # 257279  1. Entity Name THE ISLAND HOUSE APARTMENTS, INC.						04-27-2005 90355 050 ***150.00				
Strick, Apt. #, etc.   State	200 OCEAN LANE DR 200 OCEAN LANE DR			149-1419							
City & State  Ci	2. Principal P	3. Mailing Address	g Address								
Zep Country Zep Country 5. Country 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Address of New Registered Agent 7. Name and Address of New Regi	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03032005	Chg-P	CR2E034	(10/03)		
S. Cernicate Status Detailed   For Required   For R	City & State		City & State							<del></del>	
SKRILD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134  City FL Zip Code  6. The above named entity submits this sitatement for the purpose of changing his registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signification of registered agent.  SIGNATURE  Signification of registered agent.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE  POSTROSKI, JOSEPH OSTROSKI, JOSEPH OOCEAN LANE DRIVE #603  CITY-SI-7P  OCCEAN LANE DRIVE #503  CITY-SI-7P  CARSIGNORIS  CITY-SI-7P  OCCEAN LANE DRIVE #3 0 2  CITY-SI-7P  OCCEAN LANE DRIVE #3 0 2  CITY-SI-7P  OCCEAN LANE DRIVE #3 0 1  CITY-SI-7P  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIVE #60 3  KEY BISCAYNE, FL 33149  OCCEAN LANE DRIV	Zip	Country	Zip Cou		try		5. Certificate of	of Status Desired	. 🗆 <b>\$</b>	8.75 Add so Required	Itional d
SYPER ADDITIONS (P.O. Box Number is Not Acceptable)  STORAL GABLES, FL 33134  City FL Zip Code  City F		6. Name and Address of Current F	legistered Agent				7. Name and	Address of New R	egistered Ag	ent .	
SUITE 1102 CORAL GABLES, FL 33134  City FL Zip Code  6. 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  Symptom, typed or permit of ingressed agent and its # spolatible. (NOTE Registered Agent spotture required view inventibility)  PLE MOWITH FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INT.  OSTROSKI, JOSEPH  ONE OSTROSKI, JOSEPH  ONE OSTROSKI, JOSEPH  ONE OCEAN LANE DRIVE \$500  OTHER DOWNER. ANNE  SIRET ADDRESS  OD OCEAN LANE DRIVE \$600  OTHER DOWNER. ANNE  SIRET ADDRESS  OTHER ST.P.  LAUND DALE MOBLEY  200 OCEAN LANE DRIVE \$30149  TILE  D  LAUSSE, LAWRENCE  SIRET ADDRESS  SIR					Name						
Either boven named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmillar with, and accept the chilgalions of registered agent.    City   FL   Zip Code	201 ALHAMBRA CIRCLE				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hand or parent reare of registered agent and lite / applicable. (NOTE: Registered agent experted agent and lite / applicable.)  PILE NOWILI FEE IS \$180.00  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Bo Addod to Foods Addod to Foods Trust Fund Contribution.   Addition Trust											
SIGNATURE  Signature, typed or peried womer of registered agent and title 4 applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$530.00  10. OFFICERS AND DIRECTORS					City				FL	Zip Code	9
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DECEMBER OF PRINTED NAME OF BISSING OFFICE AND DIRECTOR DIRECTOR DISCONDING OFFICE AND TYPED ON PRINTED NAME OF BISSING OFFICE AND DIRECTOR DIRECTOR