

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 SEP 21 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L-10910**
1. Entity Name
ISLA ROYALE, LLC

Principal Place of Business 5701 BAHIA DEL MAR BLVD #304 ST. PETERSBURG FL 33706	Mailing Address C/O VICKY B. MYERS 64 BIRCH STREET BRYANT POND ME 04219
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 200 S ORANGE AVE Suite, Apt. #, etc. C/O SUSAN HECKER City & State SARASOTA, FL Zip 34236	Country USA
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4. FEI Number 59-3667699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HECKER, SUSAN BARRETT
200 S ORANGE AVE
SARASOTA FL 34236

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
300004614493-4
-09/27/01--01036--018
City
*****FEE CODE *****50.00**

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.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, VICKY B 64 BIRCH STREET BRYANT POND ME 04219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, WILBUR 64 BIRCH STREET BRYANT POND ME 04219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, DANIEL N 99 VERNON STREET BETHEL ME 04217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, CHERILYN P 220 HENTHORN DR #A-9 PALM SPRINGS FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, CLINT T 130 E ESTES DR #H5 CHAPEL HILL NC 27514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (11/00)

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

SIGNATURE: *Vicky B. Myers*
VICKY B. MYERS
Date: **9/11/01** Daytime Phone #: **207 665-2808**