

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90015 011 \*\*\*\*50.00

0021329

**DOCUMENT # L00000010410**

1. Entity Name ✓  
**ISLA ROYALE, LLC**

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



DO NOT WRITE IN THIS SPACE

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

**HECKER, SUSAN B. ESQ.**  
**200 S. ORANGE AVENUE**  
**SARASOTA FL 34236**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

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

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SUSAN B. HECKER **4/12/02** 207 824-2582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)