## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 11, 2004 08:00 AM Secretary of State DOCUMENT # L01000017779 THIRD ISLAND, LLC Principal Place of Business Mailing Address 311 HENDERSON COURT 311 HENDERSON COURT MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 02102004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3752381 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUONGIORNO, JOY** DO NOT WRITE 311 HENDERSON COURT MARCO ISLAND, FL 34145 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) CIATE Filing Fee is \$50.00 Due by May 1, 2004 U00000085491 MANAGING MEMBERS/MANAGERS 9. TIME MGRM BUONGIORNO, GREGG NAME STREET ADDRESS 83 ARLINGTON AVE CITY-ST-ZIP PROVIDENCE, RI 02906 MGRM THE BARAO, EDWARD NAME STREET ACCRESS 83 ARLINGTON AVE CITY-ST-ZIP PROVIDENCE, RI 02906 ππε NAME STREET ADDRESS DO NOT WRITE CRY-ST-Z# IN THIS SPACE TITLE HAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. Tfurther 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Buongiorno

SIGNATURE:

SIGNATURE AND TYPED ON PROTECT HAVE OF SIGNING MANAGEND MEMBER, OR

**FILED**