

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000000817

1. Entity Name
ISLANDS, LLC



Principal Place of Business
10800 BISCAYNE BOULEVARD
SUITE 350
MIAMI, FL 33161

Mailing Address
10800 BISCAYNE BOULEVARD
SUITE 350
MIAMI, FL 33161



01032006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1180446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCHBINDER, HARRIS
46 S.W. FIRST STREET, 4TH FLOOR
MIAMI, FL 33130-1610

**DO NOT WRITE
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 renating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
POSTER, STEVEN TRUSTEE
STREET ADDRESS
10800 BISCAYNE BOULEVARD SUITE 350
CITY-ST-ZIP
MIAMI, FL 33161

TITLE
NAME
POSTER, STUART TRUSTEE
STREET ADDRESS
10800 BISCAYNE BOULEVARD SUITE 350
CITY-ST-ZIP
MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000382498
01/12/06-80014-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 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 606, Florida Statutes.

SIGNATURE: Stuart Posner

01/04/06 (305) 893-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #