## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0200000817

1. Entity Name

ISLANDS, LLC

**SIGNATURE:** 



## **FILED** May 22, 2003 8:00 am Secretary of State 05-22-2003 90038 019 \*\*\*\*50.00

|  |  |  |                                | <b>`</b>          | O WE TUS   |                                       |                          |              |                 |                        |
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| Suite. Aptl #, etc.   Suite. Aptl #, etc.   CHy & State    | 46 S.W. FIRST STREET, 4TH FLOOR<br>MIAMI FL 33130-1610 |  |                                |                   |  |                                       |                          |              |                 |                        |
| City & State  Country  City & Certificate of Status Dusired Country  Country  Country  City & Country  City & FL  City  | 2. Principal P   | lace of Business                                     | 3. Mailing Address             |                   |  |                                       |                          |              |                 |                        |
| Zip Country Jz D Country 5, Certificate of Status District Office of Popularities Fee Rengalated Agent 7, Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Fee Rengalated 48 S.W. FIRST STREET, 4TH FLOOR A S.W. FIRST STREET AND A S | Suite, Apt. #, etc.                                    |  | Suite, Apt. #, etc.            |                   |  | ☐ CHECK HERE                          | IF MAKING                | CHANGES      |                 |                        |
| E. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Sur- REST STREET, 4TH FLOOR  A / MAMI FL 33/30-16/10  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 Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her be deligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept her between the State of Rovida and Address of Rovida and Rovida and Address of Rovida and Address of Rovida and | City & State   |  | City & State                   |                   | 4. FEI Num   | ber 65-11                             | enuu.                    | <i>r</i> ++- | <u> </u>        |                        |
| BUCHBNORE, HARRS 46 S.W. FIRST STREET, 4TH FLOOR  **/ MAMI FL 33130-1610  City  FL  City  FL  Zip Code  City  FIL  Zip Code  City   | Zip Country  |  | Zip Country                    |                   |  | 5. Certifica                          |                          | П            | \$5.00 Add      | ditional               |
| BUCHBINDER, HARRIS 46 S.W. FIRST STREET, 4TH FLOOR  *** / MIAMI FL 33130-1610  City FL Zip Code  *** The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the chigations of registered agent, or both, in the State of Florida. Lam familiar with, and accopt the Chigation and the State of Florida. Lam familiar with, and accopt the Chigation and the State of Florida. Lam familiar with, and accopt the Chigation and the State of Florida. Lam familiar with, and accopt the chigation and the State of Florida. Lam familiar with, and accopt the Chigation and the State of Florida. Lam familiar with, an |  | 6 Name and Address of Courses                        | Decision of faces              | aciatarad figure  |  | Fee Required                          |                          |              |                 |                        |
| A6 S.W. FIRST STREET, 4TH FLOOR  *** MIAMI FL 33130-1610  ***City** FL   Zip Code**  City** FL   Zip Code**  City** FL   Zip Code**  ***City** FL   Zip Code |  | 6. Name and Address of Current                       | negistered Agent               |                   | Vame   | 7. Name ar                            | id Address of New A      | egistered A  | gent            |                        |
| City FL Zip Code  1. Tho 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 namiliar with, and accopt the obligations of registered agent.    City FL Zip Code  |  |  |                                |                   | Street Address (P.O. Box Number is Not Acceptable) |                                       |                          |              |                 |                        |
| The above named entity 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.    Change   Addition   |  |  |                                |                   |  |                                       |                          |              |                 |                        |
| the obligations of registered agent.    Signature   Si | · •  | * !'<br>***  |                                | (                 | City   |                                       |                          | FL           | Zip Cod         | e                      |
| Signature, hyped or printed name of registered appear and tits of applicable. (NOTT: Registered Apert objective days were required when registered when regist |  |  | or the purpose of changing its | s registered o    | office or register                                 | ed agent, or b                        | oth, in the State of Flo | rida. I am f | amiliar with,   | and accept             |
| MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR POSTER, STEVEN TRUSTEE 46 S.W. FIRST STREET, 4TH FLOOR STREET ADDRESS CITY-ST-2P MIAMI FL 33130-1610  TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI FL 33130-1610  TITLE NAME STREET ADDRESS CITY-ST-2P  TITL | SIGNATURE .  | Signature, typed or printed name of registered agent | and title if applicable. (NO   | TE: Registered Ag | ent signature required                             | when reinstating)                     |                          | DATE         |                 |                        |
| MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 17ILE NAME POSTER, STEVEN TRUSTEE 46 S.W. FIRST STREET, 4TH FLOOR 17ILE NAME SIRET ADDRESS CITY-ST-2P 17ILE NAME OTHER NAME SIRET ADDRESS CITY-ST-2P 17ILE NAME SIRET ADD |  | 4  | EII E N                        | OWIII EEI         | E IS SEO OO  | · · · · · · · · · · · · · · · · · · · |                          |              |                 |                        |
| 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR POSTER, STEVEN TRUSTEE 46 S.W. FIRST STREET, 4TH FLOOR MIAMIF I. 33130-1610  TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE  |  | φ.'  | •                              |                   |  | nt of State                           |                          |              |                 |                        |
| 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MGR POSTER, STEVEN TRUSTEE   |  |  | _                              |                   |  | in or otato                           |                          |              |                 |                        |
| TITLE NAME NAME POSTER, STEVEN TRUSTEE 46 S.W. FIRST STREET, 4TH FLOOR MIAMI FL 33130-1610  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MICH POSTER, STUART TRUSTEE 46 S.W. FIRST STREET, 4TH FLOOR MIAMI FL 33130-1610  TITLE NAME STREET ADDRESS CITY-ST-ZIP  T | 0  | MANAGING MEMBE                                       |                                |                   |  |                                       | ADDITIONS /              | CHANGES      |                 |                        |
| NAME OBJECT ADDRESS CITY-ST-ZIP  TITLE MGR OSTER, STUART TRUSTEE STREET, 4TH FLOOR  TITLE MGR OSTER, STUART TRUSTEE STREET, 4TH FLOOR  TITLE NAME POSTER, STUART TRUSTEE STREET, 4TH FLOOR  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS |  |  | ·                              | _                 |  | <del>:</del>                          | ADDITIONO                | CHANGEO      | ☐ Channe        | ☐ Addition             |
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| STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Addition   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP    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, I further certify that the information indicated on this report is true and excurrent and that my signature shall have the same legal affect as if made under nath; that I am a managing member or manager of the  | TITLE  | •  | ☐ Delete                       | TITLE             |  |                                       |                          |              | Change          | ☐ Addition             |
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