

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001289

**FILED**  
**Sep 30, 2004**  
**Secretary of State**

**Entity Name:** ISLAND BOULEVARD, LLC

**Current Principal Place of Business:**

601 BRICKELL KEY DRIVE SUITE 805  
MIAMI, FL 33131

**New Principal Place of Business:**

1441 BRICKELL AVENUE  
SUITE 1014  
MIAMI, FL 33131

**Current Mailing Address:**

601 BRICKELL KEY DRIVE SUITE 805  
MIAMI, FL 33131

**New Mailing Address:**

1441 BRICKELL AVENUE  
SUITE 1014  
MIAMI, FL 33131

**FEI Number:** 90-0072606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLEN & GALEGO  
601 BRICKELL KEY DRIVE SUITE 805  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

ROBERT ALLEN LAW  
1441 BRICKELL AVENUE  
SUITE 1014  
MIAMI, FL 33131 US

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: ROBERT N. ALLEN, JR.

09/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MUNOZ, LUIS FELIPE G  
Address: 601 BRICKELL KEY DRIVE, #805  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GONZALEZ MUNOZ, LUIS FELIPE  
Address: 1441 BRICKELL AVE, SUITE 1014  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUIS FELIPE GONZALEZ MUNOZ

MGR

09/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date