
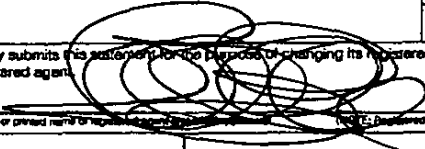



FILED
Sep 12, 2005 8:00 am
Secretary of State

07-18-2005 90108 035 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

7/1:

DOCUMENT # L03000001686					
1. Entity Name ISLA SAIL, LLC					
Principal Place of Business 136 MADEIRA ROAD ISLAMORADA, FL 33036			Mailing Address 113 JEROME AVENUE ISLAMORADA, FL 33036		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 03-0502292			Applied For Not Applicable		
5. Certificate of Status Desired			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREGG, MARK H 99101 OVERSEAS HIGHWAY KEY LARGO, FL 33037			Name MALE, MICHAEL H ESQ Street Address (P.O. Box Number is Not Acceptable) 3250 Mary Street, Ste. 303 City Miami FL Zip Code 33133		
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  DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WERTHAMER, ROBERT		NAME		
STREET ADDRESS	113 JEROME AVENUE		STREET ADDRESS		
CITY - ST - ZIP	ISLAMORADA, FL 33036		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			18 July 05 205-3424128		
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30011118



07012005 Chg-LLC CR2E083 (10/03)



ATTACHMENT

3001118

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 21, 2005

ISLA SAIL, LLC
113 JEROME AVENUE
ISLAMORADA, FL 33036

Subject: ISLA SAIL, LLC

Reference Number: L03000001686

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/SC
ANNUAL REPORTS SECTION