

From: ALVAREZ, ASSOCIATES CPA

3054719643

08/29/2007 09:09

FILED

Sep 05, 2007 08:00 A

Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000035895

1. Entity Name
ISLANDER MARKETPLACE, LLC



Principal Place of Business
**651 BRICKELL KEY DR.
MIAMI, FL 33131**

Mailing Address
**651 BRICKELL KEY DR.
MIAMI, FL 33131**



08282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0247621

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARVALHO, JOAO L
888 BRICKELL KEY DR., APT. 2402
MIAMI, FL 33131**

**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 of Joao L. Carvalho)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-29-07

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARVALHO, JOAO L
888 BRICKELL KEY DR., APT. 2402
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARVALHO, DANIELLA
901 BRICKELL KEY BLVD. #2308
MIAMI, FL 33131**

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

**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 the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

(Signature of Joao L. Carvalho)
Signature and typed or printed name of managing member, or authorized representative

Date

Daytime Phone #

8-29-07