

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Apr 30, 2004 8:00 am  
Secretary of State

04-05-2004 90494 041 \*\*\*\*50.00

DOCUMENT # L03000051233

1. Entity Name  
ISLAND RENTALS FWB, L.L.C.



Principal Place of Business  
1423 MIXON DRIVE  
FT. WALTON BEACH, FL 32547

Mailing Address  
1423 MIXON DRIVE  
FT. WALTON BEACH, FL 32547

34004604



2. Principal Place of Business  
1423 MIXON DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
1423 MIXON DRIVE  
Suite, Apt. #, etc.

02072004 Chg-LLC CR2E083 (10/03)

City & State  
Ft Walton Beach, FL  
Zip 32547 Country Okla  
City & State  
Ft Walton Beach, FL  
Zip 32547 Country Okla

4. FEI Number  
34-1977910  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
CADENHEAD, CHRIS  
420 EAST PINE AVENUE  
CRESTVIEW, FL 32539

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODWARD, GABRIELLE E 1423 MIXON DRIVE FT. WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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 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 608, Florida Statutes.

SIGNATURE: Gabrielle E Woodward Date: 3-31-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE