


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L04000072910 1. Entity Name ISLAND RESIDENCES, LLC	
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Principal Place of Business 2742 BISCAYNE BLVD. MIAMI, FL 33137 US	Mailing Address 2742 BISCAYNE BLVD. MIAMI, FL 33137 US
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**DO NOT WRITE IN THIS SPACE**



04282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1720763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MATZ, ISAAC  
2742 BISCAYNE BLVD.  
MIAMI, FL 33137

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATZ, ISAAC 2742 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATZ, SARAH 2742 BISCAYNE BLVD. MIAMI, FL 33137
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05/23/07-80036-006 50.00

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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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Isaac Matz* 4/28/07 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #