

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036966

Entity Name: 3629 WEST ISB, LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

15 LAUREL RIDGE BREAK
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

15 LAUREL RIDGE BREAK
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-2687914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUMBLESON, J. DOYLE
150 S. PALMETTO AVE.
SUITE A
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAMMARO, SALVATORE M
Address: 15 LAUREL RIDGE BREAK
City-St-Zip: ORNOND BEACH, FL 32174

Title: MGR () Delete
Name: DEL PIZZO, CARLO SR.
Address: 1579 ROUTE 9
City-St-Zip: TOMS RIVER, NJ 08775

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SALVATORE SAMMARO

MGR

04/15/2008

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