


S08206900240

7/14/2008-90097-038-\$138.75-\$138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000107275

1. Entity Name
ISLAND FURNITURE, LLC



Principal Place of Business
121 DUNES EDGE ROAD
JUPITER, FL 33477

Mailing Address
121 DUNES EDGE ROAD
JUPITER, FL 33477

60044713



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

07102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
77-0703115

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GATTI, DONNA
121 DUNES EDGE ROAD
JUPITER, FL 33477

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR	GATTI, DONNA	<input type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS	121 DUNES EDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

2008 SEP 23 P 1:41
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: [Signature] Date: 7-10-08 Daytime Phone # _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2008

ISLAND FURNITURE, LLC
121 DUNES EDGE ROAD
JUPITER, FL 33477

Subject: ISLAND FURNITURE, LLC

Reference Number: L07000107275

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

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

/ms

ANNUAL REPORTS SECTION