

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 23, 2005  
Secretary of State**

DOCUMENT# M02000001762

Entity Name: ISLAND GOLD, LLC

**Current Principal Place of Business:**

10611 SWEETBRIAR PKWY.  
SILVER SPRING, MD 20903

**New Principal Place of Business:**

**Current Mailing Address:**

10611 SWEETBRIAR PKWY.  
SILVER SPRING, MD 20903

**New Mailing Address:**

FEI Number: 01-0700494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORDON, SEYMOUR  
GAY AND GORDON ATTORNEYS, PA  
699 FIRST AVE. NORTH  
ST. PETERSBURG, FL 33731 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/MEMBERS:**

Title: MGR      ( ) Delete  
Name: CLARKE, JOHN F JR  
Address: 10611 SWEETBRIAR PKWY.  
City-St-Zip: SILVER SPRING, MD 20903

Title: MGR      ( ) Delete  
Name: CLARKE, JOHN F III  
Address: 211 CHEWS MANOR DRIVE  
City-St-Zip: STEVENSVILLE, MD 21666

**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 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 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: JOHN F. CLARKE, III

MGR

03/23/2005

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