

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001493

Entity Name: ISOLA HOLDINGS, LLC

FILED
Mar 27, 2007
Secretary of State

Current Principal Place of Business:

2930 BISCAYNE BLVD.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

2930 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-1027524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MGRM () Delete
Name: SK BUSINESS TRUST,
Address: 2930 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: MGRM (X) Delete
Name: RF BUSINESS TRUST,
Address: 2930 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: MGRM (X) Delete
Name: MENIN 1998 FAMILY TR, UST
Address: 2930 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ISOLA HOLDINGS II, L, LC
Address: 2930 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

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 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: RUSSELL W. GALBUT

MGR

03/27/2007

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