## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000032550**

1. Entity Name

ISLAND SHORES DEVELOPMENT, LLC



Principal Place of Business

215 N. FEDERAL HWY. BOCA RATON, FL 33432 US Mailing Address

215 N. FEDERAL HWY. BOCA RATON, FL 33432

US

## FILED Jul 14, 2005 8:00 am Secretary of State

07-14-2005 90018 024 \*\*\*\*50.00

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07012005 No Chg-LLC

CR2E083 (10/03)

Daytme Phone #

4. FEI Number NOT APPLICABLE	 	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

BATMASIAN, JAMES H 215 FEDERAL HIGHWAY SUITE 1 BOCA RATON, FL 33432

SIGNATURE:

## 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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by September 7, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATMASIAN, JAMES H 215 N. FEDERAL HWY. BOCA RATON, FL 33432			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	VRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	PACE	
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
indicated	certify that the information supplied with this filling does not que on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to exec	ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes all have the same legal effect as if made under oath; that I am a mana cute this report as required by Chapter 608, Florida Statutes.	. I further certify that the information aging member or manager of the	

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE