

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016399

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: ISLAND APARTMENT ASSOCIATES, LLC

**Current Principal Place of Business:**

201 E. DI LIDO DRIVE  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 E. DI LIDO DRIVE  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 57-1168240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SONN, TERRI  
20801 BISCAYNE BOULEVARD  
SUITE 501  
AVENTURA, FL 33180 US

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

EDELSTEIN, AARON J  
201 EAST DILIDO DRIVE  
MIAMI BEACH, FL 33139 US

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: AARON J. EDELSTEIN

03/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: EDELSTEIN, AARON J  
Address: 201 E. DILIDO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ST ( ) Delete  
Name: EDELSTEIN, BERNIE  
Address: 1221 BISCAYA DR.  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES:**

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

Title: ST (X) Change ( ) Addition  
Name: EDELSTEIN, BERNARD  
Address: 1221 BISCAYA DR.  
City-St-Zip: SURFSIDE, FL 33154

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: AARON J. EDLESTEIN

P

03/28/2007

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