## 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #257279** 1. Entity Name

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FILED Apr 19, 2004 8:00 am Secretary of State

THE ISLAND HOUSE APARTMENTS, INC.						04-19-2004	90/35 04	9 ****150	).00	
Principal Place of Business 200 OCEAN LANE DR KEY BISCAYNE, FL 33149-1419		Meiling Address 200 OCEAN LANE DR KEY BISCAYNE, FL 33149-1419								
2. Principal Place of Business		3. Malling Address		,						
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			04072004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			4. FEI Numb 59-102				plied For t Applicable	
Zip	Country	Zlp	Country		5. Certificate	of Status Desired	\$	8.75 Add	itional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R				
SKRLD, INC.				Name						
201 ALHAMBRA CIRCLE SUITE 1102			Street	Street Address (P.O. Box Number Is Not Acceptable)						
CORAL GABLES, FL 33134						·				
			City				FL,	Zip Code		
6. 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										
FILE NOWIN FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.									·	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS,	/CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11	
TITLE NAME	P OSTROSKI, JOSEPH	☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	200 OCEAN LANE DRIVE KEY BISCAYNE, FL		NAME STREET ADDRESS CITY-ST-ZIP	3					į	
TITLE	T	☐ Delete	TITLE	1_	. ~.			Change	☐ Addition	
NAME STREET ADDRESS	LARUSSE, LAWRENCE 200 OCEAN DRIVE #508		NAME STREET ADDRESS		WER P	ME NO	v #6	<b>√3</b>		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149			BOWER AME DEVE #603 NEY BISCAYNE, FL 33149						
TITLE	S BOWER, ANNE	☐ Defete	TITLE	15		PPLES, LA		Change	Addition	
STREET ADDRESS	200 OCEAN LANE DR		NAME STREET ADDRESS	300	OCEAN	LAVE 15	VE*SC	oà =		
CITY-ST-ZIP	KEY BISCAYNE, FL		CITY-ST-ZIP			ME, FL 3				
TITLE	VP	☐ Delete	TITLE			· <del>-</del>	-	☐ Change	☐ Addition	
NAME STREET ADDRESS	CORCORAN, ROBERT 200 OCEAN LANE DRIVE		NAME STREET ADDRESS		•					
CJTY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE	D				Change	☐ Addition	
NAME STREET ADDRESS	MARPLES LANE, FLAVIA 200 OCEAN LANE DRIVE #502		NAME STREET ADDRESS	LA u	UKENCE	LARUSS LANE DE	E # =	778		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP	KE	1 BJC 11	SYNE FI	3314			
TITLE .	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		<del></del>	11.5-1		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME OTRECT ADDRESS	.						
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	i						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										

SIGNATURE: