

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B07000000153
 1. Entity Name
 THE ISLAND ROAD LIMITED PARTNERSHIP



FILED

2008 APR -9 PM 12: 50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 320 ISLAND ROAD
 C/O DIANA BLABON HOLT
 PALM BEACH, FL 33410 **33480**

Mailing Address
 320 ISLAND ROAD
 C/O DIANA BLABON HOLT
 PALM BEACH, FL ~~33410~~ **33480**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip **33480** Country

Zip **33480** Country

02192008 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-8671228

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M07000002450	STREET ADDRESS	
NAME	ISLAND ROAD LIMITED LIABILITY COMPANY	CITY-ST-ZIP	PALM BEACH FL 33480
STREET ADDRESS	320 ISLAND ROAD		
CITY-ST-ZIP	PALM BEACH, FL 33410		
DOCUMENT #		STREET ADDRESS	200122041432
NAME		CITY-ST-ZIP	04/03/08--01034--003 **500.00
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Diana B Holt* Diana B. Holt, Mgr of Island Road LLC, as Gen. Ptr. 3/30/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #