

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91315 026 \*\*\*150.00

0649134 AT

**DOCUMENT # F94000006268**

1. Entity Name  
ISLAND DEVELOPMENT GROUP LIMITED, INC.



Principal Place of Business  
40700 WOODWARD AVENUE SUITE 220  
BLOOMFIELD HILLS MI 48304

Mailing Address  
40700 WOODWARD AVENUE SUITE 220  
BLOOMFIELD HILLS MI 48304



2. Principal Place of Business  
c/o Anthony A. Yezbick, P.C.

3. Mailing Address  
c/o Anthony A. Yezbick, P.C.

Suite, Apt. #, etc.  
40700 Woodward Avenue, Suite A

Suite, Apt. #, etc.  
40700 Woodward Avenue, Suite A

CHECK HERE IF MAKING CHANGES

City & State  
Bloomfield Hills, MI

City & State  
Bloomfield Hills, MI

Zip  
48304

Country  
U.S.A.

Zip  
48304

Country  
U.S.A.

4. FEI Number **38-3083163**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

THURLOW, THOMAS H JR  
THURLOW & SMITH, P.A.  
17 MARTIN L. KING, JR. BLVD.  
STUART FL 33494

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PATEL, HITEN C. M. D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS MI 48304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BASSETT, JOSEPH S M.D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS MI 48304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM HOSKI, JOSEPH A M.D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS MI 48304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM LALA, MICHAEL, M. D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS MI 48304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM KAPDI, CHANDRAKANT C M.D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS MI 48304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM PATEL, HITEN C. M. D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS MI 48304	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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:** *[Signature]* Managing Director 4/23/2003 (248)645-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)