

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90355 001 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L00000000445

**1. Entity Name**

ISLAND HOTEL COMPANY LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

5555 College Rd.

Suite, Apt. #, etc.

**3. Mailing Address**

5555 College Rd.

Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

**City & State**

Key West, FL 33040

Zip

33040

**Country**

USA

**City & State**

Key West, FL 33040

Zip

33040

**Country**

USA

**4. FEI Number**

65-1005297

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional Fee Required.**

**7. Name and Address of Current Registered Agent**

**Name**

Douglas J. Bell

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

5555 College Rd.

**City**

Key West

**FL**

**Zip Code**

33040

**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.**

**SIGNATURE**

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

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Managing member  
Douglas J. Bell  
5555 College Rd.  
Key West, FL 33040

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CR2E083B (12/01)

**11. 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 is true and accurate and that my 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:**

Douglas J. Bell

Douglas J. Bell

4-16-02

305-296-7101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #