

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 28, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L00000001552**

**1. Entity Name  
ISLAND HOSPITALITY, LLC**



**Principal Place of Business**

**420 DOCK ST.  
CEDAR KEY, FL 32625**

**Mailing Address**

**P.O. BOX 181  
CEDAR KEY, FL 32625**



**03252008 No Chg-LLC**

**CR2E083 (12/07)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
52-2220500**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**U000000929561  
05/21/08-80072-023 138.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE NAME STREET ADDRESS CITY- ST- ZIP</b>	<b>MGRM BRANDT, LINDA M 1026 WHIDDON AVE. CEDAR KEY, FL 32625</b>
<b>TITLE NAME STREET ADDRESS CITY- ST- ZIP</b>	
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IN THIS SPACE**

**11. 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 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:**

*Linda M. Brandt*

**3-26-08**

**352-543-9243**

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

Date

Daytime Phone #