

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90026 029 ****50.00

DOCUMENT # L00000006939

1. Entity Name
ISLAND PLACE APARTMENTS, LLC



Principal Place of Business
1551 N.W. 167 STREET
NORTH MIAMI BEACH, FL 33179

Mailing Address
300 N.W. 12TH AVENUE
MIAMI, FL 33128

14001572



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262005 Chg-LLC CR2E083 (10/03)

4. FEI Number

65-1038815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTORANO, SALVATORE
300 N.W. 12TH AVENUE
MIAMI, FL 33128

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME DOMINGUEZ, AGUSTIN ☒ Delete
STREET ADDRESS 300 NW 12TH AVE.
CITY-ST-ZIP MIAMI, FL 33128

TITLE P
NAME Sibley, Russell A., Jr. ☐ Change ☒ Addition
STREET ADDRESS 300 NW 12 Avenue
CITY-ST-ZIP Miami, Florida 33128

TITLE MGRM
NAME MARTORANO, SAL ☒ Delete
STREET ADDRESS 300 NW 12TH AVE.
CITY-ST-ZIP MIAMI, FL 33128

TITLE V
NAME Rovin, Ty ☐ Change ☒ Addition
STREET ADDRESS 300 NW 12 Avenue
CITY-ST-ZIP Miami, Florida 33128

TITLE MGRM
NAME REVALES, RONALD ☐ Delete
STREET ADDRESS 300 N.W. 12TH AVENUE
CITY-ST-ZIP MIAMI, FL 33128

TITLE V
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME Rodriguez, Kathleen ☐ Change ☒ Addition
STREET ADDRESS 300 NW 12 Avenue
CITY-ST-ZIP Miami, Florida 33128

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

[Signature] UP RONALD E. REVALES 08/04/2005 (305) 324-5505