## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L0000006939  1. Entity Name ISLAND PLACE APARTMENTS, LLC									04-27	7-2005	90026	029 ****	50.00
Principal Place 1551 N.W 16 NORTH MIAM		300 N	Mailing Address 300 N.W. 12TH AVENUE MIAMI, FL 33128				14001572						
2. Principal P	face of Business	3. Maili	3. Mailing Address										
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				012620	05	Chg-LL	С	CR2E0	83 (10/03)	
City & State		City	City & State			4. FEI Number 65-10388			15			\ <del> </del>	oplied For of Applicable
Žip	Country	Zip		Count	try		5. Certif	icate of	Status De	esired		\$5.00 Add	
	—6. Name and Address of	Current Registere	d Agent-			'	7. Name	and A	ldress o	New Re	gistered /	Agent-	
MADTODA	ANO, SALVATORE				Name								
	12TH AVENUE					ddress (F	P.O. Box N	umber i	s Not Acc	ceptable)			
					City						FL	Zip Cod	
	named entity submits this stations of registered agent.	itement for the purpo	ise of changing its	s registere	ed office or	registere	ed agent, o	or both,	in the Sta	te of Flori	ida. I am I	familiar with,	and accept
SIGNATURE .													
Signature, typed or printed name of registered agent and in Filling. Fee is \$50.00- Due by May 1, 2005			icable. (NOT	E: Registered	Agent signatu	are required	when reinstatin	ia)			DATE		
(Fi	iling Fee is \$50.00	stered agent and title if appt	icable. (NOT	E: Registered	d Agent signati	ure required	when reinstatir	ng)				ayable to ent of Stat	e
D	iling Fee is \$50.00 ue by May 1, 2005		·····		d Agent signati	ure required	when reinstatir	ng)		Florida	check p Departm	ent of Stat	e
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2005	G MEMBERS/MANA	·····	10.		P	when reinstatir		ADD	Florida TIONS/C	check p Departm	ent of Stat	e Addition
9.	lling Fee is \$50.00 ue by May 1, 2005  MANAGINI	G MEMBERS/MANA	GERS	10. TITLE NAME STREE		P Sibl	Ley, F	Russe 2 Ave	ADD ell,A enue	Florida	check p Departm	ent of Stat	
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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 trucker ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE:
SIGNATURE OF PRINTED NAME OF SHANGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/04/2005 (305)324-5505