

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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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.

01262005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

65-1038815

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

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

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 #

[Handwritten Signature] Ronald E. Revalos 03/04/2005 (305) 324-5505