2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014861

Entity Name: ISLAND RUNNER, LLC

Name:

Address:

City-St-Zip:

PO BOX 3387

MAHONEY HOLDINGS, LL, C

PALM BEACH, FL 33480

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
BLDING. A	UE HERON B , UNIT 2 EACH, FL 33				
Current Mailing Address:			New Mailing Address:		
1177 W BLUE HERON BLVD BLDG. A, UNIT 2 RIVIERA BEACH, FL 33404			1177 W BLUE HERON BLVD. A-2 RIVIERA BEACH, FL 33404		
FEI Number:	65-1059701	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1 N. CLEM. WEST PAL	ARDS & ANGE ATIS, SUITE 4 .M BEACH, FL	.00 . 33401 US	ourpose of changing its registere	ed office or registered agent, or bot	
in the State		submitted the otatement for the p	ourpose of changing to registere	a office of registered agent, or both	
SIGNATUR	RE:				
Electronic Signature of Registered Age			ent Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	LOTTES, MARK	ORE DRIVE, #1011	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () DANIELSON, L 4210 NE JOE'S STUART, FL 3	PT. RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () SADLER COMP PO BOX 995 SHELBURNE, V		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: J. MARK LOTTES 03/31/2009