2008 LIMITED ะเลียแกง company **ANNUAL REPORT**

DOCUMENT # L01000001856

1. Entity Name ISLAND SEAS, LLC



Principal Place of Business

TOTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Mailing Address

PO BOX 420228, 25000 OVERSEAS HIGHWAY SUMMERLAND KEY, FL 33042-0228

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FILED Jan 28, 2008 08:00 AN Secretary of State



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 94-3387815

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIEMON, DOUGLAS P 25000 OVERSEAS HIGHWAY

DO NOT WRITE

SUMMERLAND KEY, FL 33042-0228		IN	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				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	P		•	
NAME	SIEMON, DOUG		4,	
STREET ADDRESS City-St-Zip	25050 OVERSEAS HWY	· ·		
	SUMMERLAND KEY, FL 33042		U00000802519	
TOTLE	P		02/04/08-80002-022 143.75	
NAME STREET ADDRESS	GREENE, MIKE			
CITY-ST-ZIP	4601 AIRPORT FWY #130 BEDFORD, TX 76021			
TITLE	P P PALIE	· · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS	KEYSER, PAUL 340 WEST 2ND SOUTH		• • •	
CITY-ST-ZIP	SALT LAKE CITY, UT 84101	I DO	NOT WRITE	
0111-01-211	OALT LAKE OIT 1, 01 04101			

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.

MATORE MANTOR SIGNATURE AND TYPED OR PRINT AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #