

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001856

Entity Name: ISLAND SEAS, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 420228, 25000 OVERSEAS HIGHWAY
SUMMERLAND KEY, FL 330420228

New Principal Place of Business:

25000 OVERSEAS HIGHWAY
SUMMERLAND KEY, FL 330420228

Current Mailing Address:

PO BOX 420228, 25000 OVERSEAS HIGHWAY
SUMMERLAND KEY, FL 330420228

New Mailing Address:

FEI Number: 94-3387815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEMON, DOUGLAS P
25000 OVERSEAS HIGHWAY
SUMMERLAND KEY, FL 330420228 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SIEMON, DOUG
Address: 25050 OVERSEAS HWY
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: P () Delete
Name: GREENE, MIKE
Address: 4601 AIRPORT FWY #130
City-St-Zip: BEDFORD, TX 76021

Title: P () Delete
Name: KEYSER, PAUL
Address: 340 WEST 2ND SOUTH
City-St-Zip: SALT LAKE CITY, UT 84101

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DOUGLAS P. SIEMON

MR.

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date