


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90032 011 \*\*\*\*50.00

<b>DOCUMENT # L01000003185</b>	
1. Entity Name <b>FISH ISLAND DEVELOPMENT, L.L.C.</b>	

Principal Place of Business <b>9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256</b>	Mailing Address <b>9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256</b>
--	--

2. Principal Place of Business <b>8833 Perimeter Park Blvd</b>	3. Mailing Address <b>Same as #2</b>
Suite, Apt. #, etc. <b>Suite 1104</b>	Suite, Apt. #, etc.
City & State <b>Jacksonville FL</b>	City & State
Zip <b>32216</b>	Country <b>Duval</b>



01192006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>59-3702187</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>YOUNG, JAMES R 9471 BAYMEADOWS ROAD STE 403 JACKSONVILLE, FL 32256</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>Same as #2</b> City <b>FL</b> Zip Code
--	--

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 **James R Young** **James R Young** **4-9-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM YOUNG LAND GROUP, INC. 9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Same as #2</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **James R Young** **James R. Young** **4-9-06** **(904) 993-2387**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
**President**