


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L01000006556</b><br>1. Entity Name<br>ISLAMORADA TRANSFER, LLC |  |
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| Principal Place of Business<br>743 LARGO ROAD<br>KEY LARGO, FL 33037 | Mailing Address<br>743 LARGO ROAD<br>KEY LARGO, FL 33037 |
|--|--|



05102004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br>65-1099042  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>LEE, NICK<br>142 VENETIAN WAY<br>ISLAMORADA, FL 33036 |
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 8, 2004**

U00000159806  
05/11/04-80003-008 55.00

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LEE, NICK<br>142 VENETIAN WAY<br>ISLAMORADA, FL 33036 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

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:**  Nick Lee 5-10-04 (305) 453-0368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #