## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000007386

Principal Place of Business

3130 NORTHSIDE DRIVE

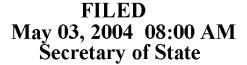
KEY WEST, FL 33040

ISLAND HOTEL PROPERTIES, L.L.C.



Mailing Address

3130 NORTHSIDE DRIVE KEY WEST, FL 33040





DO NOT WRITE IN THIS SPACE

04292004 No Chg-LLC CR2E083 (10/03)

4.	FEI Number	 	Applied For
	<u>65-1</u> 113 <u>55</u> 6		Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S ESQ. 2600 DOUGLAS ROAD PENTHOUSE 8 CORAL GABLES, FL 33134

SIGNATURE:

SIGNATURE AND TYPED OF

## DO NOT WRITE 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 Signatule, typed or printed name of registered agent and title if applicable (NOTE Pegistered Agent signature required when reinstating)  OATE					
Fi D	iling Fee is \$50.00 ue by May 1, 2004		U00000146286 US/N3/N4-8NNS8-N17 50,00		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET AODRESS CLTY-ST-ZIP	MGRM ISLAND HOTEL MANAGEMENT, INC. 3130 NORTHSIDE DRIVE KEY WEST, FL 33040				
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE		
THE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 of true exprovered to execute this report as required by Chapter 608, Florida Statutes.					