
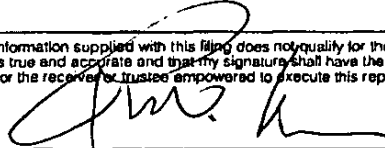


**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90024 006 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L01000007386</b>		
1. Entity Name ISLAND HOTEL PROPERTIES, L.L.C.		
Principal Place of Business 3130 NORTHSIDE DRIVE KEY WEST, FL 33040	Mailing Address 3130 NORTHSIDE DRIVE KEY WEST, FL 33040	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01072005 No Chg- LLC CR2E083 (10/03)
4. FEI Number 65-1113556		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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		<b>DO NOT WRITE IN THIS SPACE</b>
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ISLAND HOTEL MANAGEMENT, INC. 3130 NORTHSIDE DRIVE KEY WEST, FL 33040	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 		5/18/05 305 292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #

5200