

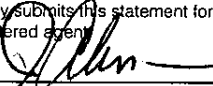
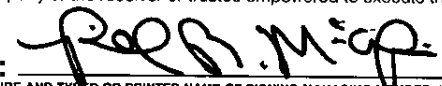


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90347 026 ****50.00

DOCUMENT # L01000014531 1. Entity Name ISLAND CROWNE DEVELOPERS, LC					
Principal Place of Business 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216			Mailing Address 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216		
2. Principal Place of Business 25 W Cedar St <small>Suite, Apt. #, etc.</small> Suite 313		3. Mailing Address P.O. Box 111 <small>Suite, Apt. #, etc.</small>			
<small>City & State</small> Pensacola, FL		<small>City & State</small> Pensacola, FL		4. FEI Number 02-0586416	
<small>Zip</small> 32602		<small>Country</small> USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEEKIN, M. MARK 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent <small>Name</small> Jeffrey P. Abram <small>Street Address (P.O. Box Number if Not Applicable)</small> 25 W. Cedar St Suite 313 <small>City</small> Pensacola FL <small>Zip Code</small> 32602		
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 3/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM MCALPIN, RICHARD R 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				
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:  Ms. M. L. DATE: 3/31/04 (850) 432-1090 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					