
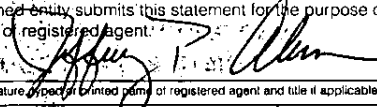


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90406 048 \*\*\*138.75

<b>DOCUMENT # L01000014531</b> 1. Entity Name <b>ISLAND CROWNE DEVELOPERS, LC</b>					
Principal Place of Business <b>25 W. CEDAR ST STE 313 PENSACOLA, FL 32502</b>			Mailing Address <b>PO BOX 111 PENSACOLA, FL 32591</b>		
2. Principal Place of Business - No P.O. Box <b>220 S. PALAFOX PLACE</b>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>PENSACOLA, FL 32502</b>			City & State		
Zip <b>32502</b>			Country		
Country			Country		
4. FEI Number <b>02-0586416</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>ABRAM, JEFFREY P 25 W CEDAR ST STE 313 PENSACOLA, FL 32502</b>			7. Name and Address of New Registered Agent Name <b>Jeffrey P. Abram</b> Street Address (P.O. Box Number is Not Acceptable) <b>5464 LIMESTONE RD</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32504</b>		
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: <b>1/22/08</b> <small>Signature of person in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCALPIN, RICHARD R 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
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:  <b>Mr. McAlpin</b> DATE: <b>1/25/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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01222008 Chg-LLC CR2E083 (12/06)