

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L02000000092**

1. Entity Name

**ISLAND COMMUNITY MORTGAGE SERVICES, L.L.C.****FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90426 013 \*\*\*\*50.00

Principal Place of Business

**950 N. COLLIER BLVD., SUITE 308  
MARGO ISLAND FL 34145**

Mailing Address

**950 N. COLLIER BLVD., SUITE 308  
MARGO ISLAND FL 34145**

41

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**60-0000571**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHRISTOPHER, SUSAN K  
RUST & CHRISTOPHER, P.A.  
1044 CASTELLO DR., SUITE 101/102  
NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

|                                                                                                   |                                 |
|---------------------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                | <input type="checkbox"/> Delete |
| <b>MGRM<br/>IANNOTTA, ANTHONY J<br/>950 N. COLLIER BLVD., SUITE 308<br/>MARCO ISLAND FL 34145</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                | <input type="checkbox"/> Delete |
|                                                                                                   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                | <input type="checkbox"/> Delete |
|                                                                                                   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                | <input type="checkbox"/> Delete |
|                                                                                                   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                | <input type="checkbox"/> Delete |
|                                                                                                   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                | <input type="checkbox"/> Delete |
|                                                                                                   |                                 |

10. ADDITIONS/CHANGES

|                                                    |                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                    |                                                                   |

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 808, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

7/29/02

941 642 6884

CR2E083 (4/02)