

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90052 006 ****50.00

DOCUMENT # L02000000092

1. Entity Name

ISLAND COMMUNITY MORTGAGE SERVICES, L.L.C.



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

70007443

2. Principal Place of Business

583 Tallwood St
Suite, Apt. #, etc.
#102

3. Mailing Address

583 Tallwood St
Suite, Apt. #, etc.
#102

City & State

Marco Island, FL

City & State

Marco Island, FL

Zip

34145

Country

Collier

Zip

34145

Country

Collier

4. FEI Number

65-0000571

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Anthony J. Iannotta

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM
NAME: IANNOTTA, ANTHONY J
STREET ADDRESS: 950 N. COLLIER BLVD., SUITE 308
CITY-ST-ZIP: MARCO ISLAND FL 34145
 Delete

10. ADDITIONS / CHANGES

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
 Delete

TITLE: _____
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TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
 Change 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 608, Florida Statutes.

SIGNATURE: *Anthony J. Iannotta* **SIGNATURE REQUIRED**

1/10/03

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

Date

Daytime Phone #

CR2E083 (10/02)