


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000000817</b> 1. Entity Name ISLANDS, LLC	
--	---

Principal Place of Business 10800 BISCAYNE BOULEVARD SUITE 350 MIAMI, FL 33161	Mailing Address 10800 BISCAYNE BOULEVARD SUITE 350 MIAMI, FL 33161
---	---



02112007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1180446	Applied For 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  BUCHBINDER, HARRIS 46 S.W. FIRST STREET, 4TH FLOOR MIAMI, FL 33130-1610
--

<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSTER, STEVEN TRUSTEE 10800 BISCAYNE BOULEVARD SUITE 350 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSTER, STUART TRUSTEE 10800 BISCAYNE BOULEVARD SUITE 350 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000641501 03/01/07-80002-002 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

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:**

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

Stuart Posner, Trustee 2/12/07 305-893-1110

Date

Daytime Phone #