


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000000817 1. Entity Name ISLANDS, LLC	
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Principal Place of Business 10800 BISCAYNE BOULEVARD SUITE 350 MIAMI, FL 33161	Mailing Address 10800 BISCAYNE BOULEVARD SUITE 350 MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE

01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1180446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHBINDER, HARRIS
46 S.W. FIRST STREET, 4TH FLOOR
MIAMI, FL 33130-1610

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

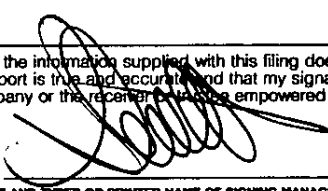
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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U00000802883
02/05/08-80001-017 138.75

**DO NOT WRITE
IN THIS SPACE**

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 registered agent empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:  **Stuart Posner** 01/22/08 (305) 893-1110

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

Date

Daytime Phone #