

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004698

Entity Name: ISLAND DISTRICT, L.L.C.

FILED
May 04, 2007
Secretary of State

Current Principal Place of Business:

145 GRAND AVENUE
CORAL GABLES, FL 33131

New Principal Place of Business:

3210 ELIZABETH STREET
MIAMI, FL 33131

Current Mailing Address:

145 GRAND AVENUE
CORAL GABLES, FL 33131

New Mailing Address:

3210 ELIZABETH STREET
MIAMI, FL 33131

FEI Number: 75-3016166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RIVLIN, MARK L P.A.
1550 MADRUGA AVENUE, SUITE 120
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARRISH, ANTHONY R JR.
Address: 1617 TIGERTAIL AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM (X) Delete
Name: LOUIS-CHARLES, ANDY
Address: 3210 ELIZABETH STREET
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOUIS-CHARLES, ANDY
Address: 3210 ELIZABETH STREET
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDY LOUIS-CHARLES

MGRM

05/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date