ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000010647

ISLAND ESCAPES, LLC

Principal Place of Business

Mailing Address

80001 CAFFEEASHO-WAY ISLAMOTADA FL. 33036

86801 OMETEERSHIGHWAY ISLAMOPADA, FL 33036

FILED Apr 21, 2004 08:00 AM Secretary of State



04172004No Chg-LLC

CR2E083 (10/03)

4. FE! Number 03-0437546

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

GARDNER, EARNIE L ATLANTIC CORAL HARBOR CLUB 88188 OLD HIGHWAY C-2 ISLAMORADA, FL 33036

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, the obligations of registered agent.	I am familiar with, and accept
Si	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSBORN, DARYL L 86801 OVERSEAS HWY ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY ST-ZIP	P GARDENER, ERNIE 88005 OVERSEAS HIGHWAY ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GRY-ST-ZIP	
TITLE NAME STREET AODRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000122684 04/21/04-80039-004 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Rorlda 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
SIGNATURE: