ANNUAL REPORT

DOCUMENT # L02000010647 FILED 1. Entity Name Apr 06, 2005 08:00 AM Secretary of State ISLAND ESCAPES, LLC Mailing Address Principal Place of Business 86801 OVERSEAS HIGHWAY 86801 OVERSEAS HIGHWAY ISLAMORADA, FL. 33036 ISLAMORADA, FL 33036 CR2E083 (10/03) 03202005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0437546 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GARDNER, EARNIË L ATLANTIC CORAL HARBOR CLUB 88188 OLD HIGHWAY C-2 IN THIS SPACE 1SLAMORADA, FL 33036 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2605 MANAGING MEMBERS/MANAGERS TITLE OSBORN, DARYL L NAME STREET ADDRESS 86801 OVERSEAS HWY CITY-ST-ZIP ISLAMORADA, FL 33038 TITLE **GARDENER, ERNIE** NAME 88005 OVERSEAS HIGHWAY STHEET ADDRESS ISLAMORADA, FL 33036 CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS Cary-St-Zip NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CATY-ST-ZIP 11. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; 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:

Treasurer