

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011429

Entity Name: ISLAND REALTY HOLDINGS, L.L.C.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

522 ALT 19
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

522 ALT 19
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 02-0599429 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:

Name and Address of New Registered Agent:

FORLIZZO, ROBERT A ESQ.
2903 RIGSBY LANE
SAFETY HARBOR, FL 34695 US

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: CHIANCO, DAVID B
Address: PO BOX 1158
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: MGRM () Delete
Name: CONNOR, MICHAEL P
Address: 2901 RIGSBY LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM () Delete
Name: LUBE, RAYMOND M
Address: 127 OZONA DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: ISLAND REALTY HOLDIN, GS
Address: PO BOX 2341
City-St-Zip: PALM HARBOR, FL 34682

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMOND M. LUBE

MEMB

05/01/2006

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