

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90044 023 ****50.00

DOCUMENT # L02000011429

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



Principal Place of Business
**157 SHORE DR.
PALM HARBOR FL 34683**

Mailing Address
**157 SHORE DR.
PALM HARBOR FL 34683**

2. Principal Place of Business
522 ALT 19
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2341
Suite, Apt. #, etc.
PALM HARBOR

City & State
PALM HARBOR, FL
Zip
34683 Country
PINELLAS

City & State
PALM HARBOR, FL
Zip
34682 Country
PINELLAS



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0599429 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOUTZOUKAS, MICHAEL E ESQ.
704 W. BAY ST.
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name
Robert A. Forlizzo, Esquire
Street Address (P.O. Box Number is Not Acceptable)
2903 Rigsby Lane
City
Safety Harbor **FL** Zip Code
34695

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 **Robert A. Forlizzo** **4/18/03**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Managing Member	DAVID B CHIANCO	P.O. BOX 1158	CRYSTAL BEACH, FL 34681		
Managing Member	MICHAEL P CONNOR	2901 Rigsby Lane	Safety Harbor, Florida 34695		
Managing Member	RAYMOND M LUBE	127 OZONA DRIVE	PALM HARBOR, FL 34683		
Managing Member	ISLAND REALTY HOLDINGS	P.O. Box 2341	Palm Harbor, Florida 34682		

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

SIGNATURE:

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

Michael P. Connor, Managing Member

4/21/03

Date

727-726-1115

Daytime Phone #

CR2E083 (10/02)