

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011760

Entity Name: ISLANDS, LLC

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

1706 B BLAD EAGLE DR.
NAPLES, FL 34105

New Principal Place of Business:

1040 ORIOLE CIRCLE
NAPLES, FL 34105

Current Mailing Address:

1706 B BLAD EAGLE DR.
NAPLES, FL 34105

New Mailing Address:

1040 ORIOLE CIRCLE
NAPLES, FL 34105

FEI Number: 03-0454023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MALEISSYE-MELUN, JUDITH DE
1706 B BLAD EAGLE DR.
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

MALEISSYE-MELUN, JUDITH DE COMTESS
1040 ORIOLE CIRCLE
NAPLES, FL 34105 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: COMTESSE JUDITH DE MALEISSYE MELUN

06/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MALEISSYE MELUN, JUDITH DE
Address: 1706 B BLAD EAGLE DR.
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MALEISSYE MELUN, JUDITH DE COMTESS
Address: 1040 ORIOLE CIRCLE
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COMTESSE JUDITH DE MALEISSYE MELUN

MGR

06/30/2005

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