2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015220

1. Entity Name
ISCHIA, L.L.C.

Principal Place of Business	Mailing Address
2417 N. FEDERAL HIGHWAY LAKE WORTH, FL 33460	2417 N. FEDERAL HIGHWAY LAKE WORTH, FL 33460

01262004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0872860

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAC MAHON, DERMOT P
1860 FOREST HILL BOULEVARD
105
WEST PALM BEACH, FL 33406

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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, if applicable, the office address. (If this Registered Agent is a corporation, the name and title of the officer signing)

Filing Fee is $50.00
Due by May 1, 2004

U00000092840
03/19/04-80025-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	CLAHANE, MICHAEL
STREET ADDRESS	2417 N. FEDERAL HIGHWAY
CITY ST ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: MIKE CLAHANE 3-15-04 561 379-6142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #