2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016214

1. Entity Name
ISLA VICTORIA REALTY, LLC

Principal Place of Business	Mailing Address
105 WINDMILL WAY LONGWOOD, FL 32750	465 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

04142006 No Chg-LLC   CR2E063 (11/05)

4. FEI Number	Applied For
04-3663403	Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, MIRTHA V CPA
420 S COUNTRY CLUB RD
LAKE MARY, FL 32746

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ERBITY, MONICA
STREET ADDRESS	105 WINDMILL WAY
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000524011
05/03/06-80093-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   4/19/2006   407-539-2606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #