


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000016214 1. Entity Name ISLA VICTORIA REALTY, LLC	
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Principal Place of Business 105 WINDMILL WAY LONGWOOD, FL 32750	Mailing Address 465 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3663403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000719392
05/01/07-80062-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERBITY, MONICA 105 WINDMILL WAY LONGWOOD, FL 32750
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4/16/2007 <small>Date</small>	407-539-2606 <small>Daytime Phone #</small>
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