

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018053

FILED
Apr 26, 2006
Secretary of State

Entity Name: ISLAND LIFE PROPERTIES LLC

Current Principal Place of Business:

50 W MASHTA DRIVE
SUITE #2
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

50 W MASHTA DRIVE
SUITE #2
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 33-1017141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISSON, ERNESTO H
50 W MASHTA DRIVE
SUITE #2
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ACANTHUS DEVELOPERS, LLC
Address: 50 W MASHTA DRIVE SUITE #2
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: ALLEGIANCE PARTNERS, INC.
Address: 50 W MASHTA DRIVE SUITE #2
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: NEISSON HOLDING, LLC,
Address: 50 WEST MASTER DRIVE SIUTE 2
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ERNESTO H WEISSON

MGRM

04/26/2006

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