- 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023584

1. Entity Name

PORT OF THE ISLANDS HOTEL, L.L.C.



FILED Feb 03, 2005 08:00 AM Secretary of State

Principal Place of Business 25000 TAMIAMI TRAIL EAST

NAPLES, FL 34114

Mailing Address

1350 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062



01212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0054683

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

WEISMAN, DAVID 2021 TYLER STREET HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

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 little if applicable	(NOTE; Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50,00 Due by May 1, 2005			U00000212969 02/03/05-80052-004 55.00
9.	MANAGING MEMBERS/MANAGERS		The second secon
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINKIN, JOSHUA 1350 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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.			