

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-21-2003 90021 019 ****50.00

DOCUMENT # L02000025833



1. Entity Name
ISLAND CAPITAL DEVELOPMENT, L.L.C.

Principal Place of Business
**1861 PLACIDA ROAD, SUITE 105
ENGLEWOOD FL 34224**

Mailing Address
**1861 PLACIDA ROAD, SUITE 105
ENGLEWOOD FL 34224**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0919201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHRISTOPHER, WILLIAM G ESQUIRE
BROWN CLARK CHRISTOPHER & DEMAY, P.A.
1819 MAIN STREET, SUITE 1100
SARASOTA FL 34230**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member - MANAGING MEMBER
C. Romesh Weerasooriya
220 Bahia Vista Drive
Englewood FL 34223**

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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☐ Addition

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:

CHANDRU K. WEERASOORIYA

2/11/03 941-270-2712

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

Date

Daytime Phone #

CR2E083 (10/02)