



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90063 021 ****50.00

DOCUMENT # L02000027290			
1. Entity Name ISLAND POINTE MANAGEMENT LLC		Principal Place of Business 1000 BROWARD ROAD JACKSONVILLE, FL 32218	
Mailing Address 1700 LINCOLN ST. SUITE 2200 DENVER, CO 80203		2. Principal Place of Business	
Suite, Apt. #, etc.		3. Mailing Address <i>1899 Wynkoop</i> Suite, Apt. #, etc. <i>900</i>	
City & State <i>Denver, Co</i>		4. FEI Number 22-3878677	
Zip <i>80202</i>		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOCK, FRANK SUN TRUST CENTER 200 S ORANGE AVE SUITE 2300 ORLANDO, FL 32801-343		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSEN, ROBERT P 1700 LINCOLN ST, STE 2200 DENVER, CO 80203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSEN, ROBERT P 1899 WYN KOOP SUITE 900 DENVER, CO 80202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBB, CHARLES W 1700 LINCOLN ST, STE 2200 DENVER, CO 80203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		4/27/04 303866001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	