

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT ENTERED

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90015 036 ****50.00

DOCUMENT # L02000027311

1. Entity Name
ISLAND GROUP REALTY LLC



Principal Place of Business
**3436 DUCK AVE
 KEY WEST, FL 33040**

Mailing Address
**3436 DUCK AVE
 KEY WEST, FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
48-1282305

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VILLOCH, MARGARITA
 33 BOULDER DR
 KEY WEST, FL 33040**

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

**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 **MGR** ☐ Delete
 NAME **VILLOCH, MARGARITA**
 STREET ADDRESS **33 BOULDER DR**
 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **TARANTINO, JOANNE**
 STREET ADDRESS **1415 GRINNELL ST**
 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

Joanne Tarantino (JOANNE TARANTINO)

1-12-04

305-295-7110

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

Date

Daytime Phone #