

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030992

FILED
Apr 08, 2007
Secretary of State

Entity Name: ISLAND HOMES LLC

Current Principal Place of Business:

3620 COLONIAL BLVD.
SUITE 230
FORT MYERS, FL 33912 US

Current Mailing Address:

3620 COLONIAL BLVD.
SUITE 230
FORT MYERS, FL 33912 US

New Principal Place of Business:

3620 COLONIAL BLVD.
SUITE 230
FORT MYERS, FL 33966 US

New Mailing Address:

3620 COLONIAL BLVD.
SUITE 230
FORT MYERS, FL 33966 US

FEI Number: 41-2067651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SSI ACCOUNTING AND TAX SERVICE, INC.
3620 COLONIAL BLVD.
SUITE 230
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SSI ACCOUNTING AND TAX SERVICE, INC.
3620 COLONIAL BLVD.
SUITE 230
FORT MYERS, FL 33966 US

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: SCHMITZ

04/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: H & W SCHMITZ SERVIC, E INC.
Address: 3620 COLONIAL BLVD SUITE 230
City-St-Zip: FORT MYERS, FL 33912 US

Title: VP () Delete
Name: SCHMITZ, SEBASTIAN
Address: 3620 COLONIAL BLVD SUITE 230
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: H & W SCHMITZ SERVIC, E INC.
Address: 3620 COLONIAL BLVD SUITE 230
City-St-Zip: FORT MYERS, FL 33966 US

Title: VP (X) Change () Addition
Name: SCHMITZ, SEBASTIAN
Address: 3620 COLONIAL BLVD SUITE 230
City-St-Zip: FORT MYERS, FL 33966

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: SCHMITZ

VP

04/08/2007

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