

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000031089

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** ISLAND WIND, L.L.C.

**Current Principal Place of Business:**

145 GRAND AVENUE  
CORAL GABLES, FL 33133

**New Principal Place of Business:**

103 GRAND AVENUE  
CORAL GABLES, FL 33133

**Current Mailing Address:**

3699 LOQUAT AVE  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 75-3088602      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PARRISH, ANTHONY R JR  
145 GRAND AVENUE  
CORAL GABLES, FL 33133      US

**Name and Address of New Registered Agent:**

PARRISH, ANTHONY R JR  
103 GRAND AVENUE  
CORAL GABLES, FL 33133      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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/02/2010

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** PARRISH, ANTHONY R JR  
**Address:** 103 GRAND AVE  
**City-St-Zip:** CORAL GABLES, FL 33133

I hereby 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: ANTHONY R. PARRISH, JR.

MGR

05/02/2010

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