

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031101

**FILED**  
**Apr 12, 2005**  
**Secretary of State**

**Entity Name:** PILGRIM OF THE ISLES, L.L.C.

**Current Principal Place of Business:**

2 STARFISH DRIVE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

1825 48TH AVE  
VERO BEACH, FL 32966

**Current Mailing Address:**

2 STARFISH DRIVE  
VERO BEACH, FL 32960

**New Mailing Address:**

1825 48TH AVE  
VERO BEACH, FL 32966

FEI Number: 43-1990156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARRIS, CHARLES E  
817 BEACHLAND BLVD.  
VERO BEACH, FL 32963 US

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

GARRIS, CHARLES E  
819 BEACHLAND BLVD.  
VERO BEACH, FL 32963 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: \_\_\_\_\_

04/12/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: NORCONK, KATHLEEN J  
Address: 2 STARFISH DRIVE  
City-St-Zip: VERO BEACH, FL 32960

Title: MGR ( ) Delete  
Name: NORCONK, JAMES J III  
Address: 1825 48TH AVENUE  
City-St-Zip: VERO BEACH, FL 32966

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN J NORCONK

MGRM

04/12/2005

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