2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 16, 2004 8:00 am **Secretary of State** DOCUMENT # L02000031631 1. Entity Name 02-16-2004 90160 047 ****50.00 ISLAND KEY DEVELOPMENT, LLC Principal Place of Business Mailing Address 19535 GULF BLVD., SUITE B INDIAN SHORES FL 33785 19535 GULF BLVD., SUITE B INDIAN SHORES FL 33785 2. Principal Place of Business 3. Mailing Address DUIA BIND 20001 2000 | Suite, Apt. #. etc. Suite, Apt. #, etc MOORE CR2E083 (11/03) # City & State 4. FEI Number Applied For 01-0761342 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required inellas 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAGE, STEVE 19535 GULF BLVD Street Address (P.O. Box Number is Not Appoptable) 75.5 SUITE B INDIAN ROCKS BEACH FL 33785 Zip Code dian 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Change TITLE ☐ Delete Addition NAME PAGE, STEPHEN J NAME 201ABIVd-#5 STREET ADDRESS 19535 GULF BLVD., SUITE B STREET ADDRESS CITY-ST-7/P INDIAN SHORES FL 33785 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE NAME LYONS, ROBERT E NAME STREET ADDRESS 19535 GULF BLVD., SUITE B STREET ADDRESS CITY-ST-7IP INDIAN SHORES FL 33785 CITY-ST-ZIP TITLE Delete TITLE NAME NAME - ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TID F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #