

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90325 017 \*\*\*\*50.00

DOCUMENT # L02000031631

1. Entity Name

ISLAND KEY DEVELOPMENT, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

19535 Gulf Blvd  
Suite B

Indian Shores, FL

Zip 33785 Country

3. Mailing Address

19535 Gulf Blvd  
Suite B

Indian Shores, FL

Zip 33785 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

010761342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Steve Page

Street Address (P.O. Box Number is Not Acceptable)

19535 Gulf Blvd

Suite B

City

Indian Shores

FL

Zip Code

33785

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

2/13/03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGR  
NAME Stephen Page  
STREET ADDRESS 19535 Gulf Blvd  
CITY-ST-ZIP Indian Shores, FL 33785

TITLE MGR  
NAME Robert Lyons  
STREET ADDRESS 19535 Gulf Blvd  
CITY-ST-ZIP Indian Shores, FL 33785

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

2/13/03 727-595-0366

Date

Daytime Phone #

CR2E083B (12/02)