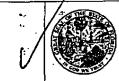
## LIMITED LIABILITY COMPANY. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034822

1. Entity Name

ISLAND INVESTORS II, LLC



5030 809 08138 3/18/2003-90156-023-\$50.00-\$50.00

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	Name of Busin		3 Mailine Address					
2. Principal P			3. Mailing Address Same			•		
7092 Placida Road Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
							······································	
City & Stat Placida			City & State			4. FEI Number 02-0660654	<u> </u>	Applied For Not Applicable
Zip 33946		Country	Zip	Coun	try	5. Certificate of Status Desired	\$5.00 Fee Req	Additional uired
						7. Name and Address of Current Registers	ed Agent	
			NITE:		Name Dean	L. Beckstead		Į
DO NOT W			Street Address (			P.O. Box Number is Not Acceptable) —		
IN THIS SP			ACE		7092 Pla	cida Road		
					Cape Ha		Zip (	3946
	named entit		the purpose of changing its	registere	ed office or registere	ed agent, or both, in the State of Florida. I am	familiar wi	ith, and accept
_		Tereo agent.		3/26/03				
SIGNATURE .	Signative Typed	or printed name of registered agent an	d title if applicable.			DATE		
	-		Make Check Payab	e to Fig	\$50:00 orlda:Departmer MAY 1	<b></b>	28! 2 **	50.00
9.		MANAGING MEMBER	S/MANAGERS				1	
TITLE NAME		L. Beckstead		HAM				
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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.								

INATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE