

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90072 012 ****50.00

DOCUMENT # L03000008013

1. Entity Name
ISLAND ASSOCIATES, LLC



Principal Place of Business
**7730 MULBERRY LANE
NAPLES, FL 34114**

Mailing Address
**7730 MULBERRY LANE
NAPLES, FL 34114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192004 Chg-LLC CR2E083 (10/03)

4. FEI Number

57-1154634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NOVATT, JEFF M
CHEFFY, PASSIDOMO, WILSON & JOHNSON LLP
821 FIFTH AVENUE SOUTH STE. 201
NAPLES, FL 34102**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MANN, DANIEL B
STREET ADDRESS 7754 MULBERRY LANE
CITY-ST-ZIP NAPLES, FL 34114

TITLE MGRM ☐ Delete
NAME BALDOCCHI, ROBERT J
STREET ADDRESS 7730 MULBERRY LANE
CITY-ST-ZIP NAPLES, FL 34114

TITLE MGRM ☐ Delete
NAME KOFMAN, N. CHARLES
STREET ADDRESS 9014 CASCADA WAY #101
CITY-ST-ZIP NAPLES, FL 34114

TITLE MGRM ☐ Delete
NAME DOBKIN, STANELY
STREET ADDRESS 8310 WHISPER TRACE WAY
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7790 MULBERRY LN, NAPLES, FL 34114**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3735 MONTREUX, NAPLES, FL 34114**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

DANIEL MANN
[Signature]

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

3/26/04 239-417-3229

Date

Daytime Phone #