

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000009537

Entity Name: ISLAND MORTGAGE, LLC

FILED  
Oct 07, 2005  
Secretary of State

**Current Principal Place of Business:**

28130 SW 136 PLACE  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

28130 SW 136 PLACE  
HOMESTEAD, FL 33033

**New Mailing Address:**

FEI Number: 26-0062364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

RODRIGUEZ, JOHN D  
28130 SW 136 PLACE  
HOMESTEAD, FL 33033      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: JOHN DAVID RODRIGUEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, JOHN D  
Address: 28130 SW 136 PLACE  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MGR ( ) Delete  
Name: SALON, GEORGE R  
Address: 28130 SW 136 PLACE  
City-St-Zip: HOMESTEAD, FL 33033 US

**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: JOHN DAVID RODRIGUEZ

MR

10/07/2005

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