

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

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| DOCUMENT # L03000009668 1. Entity Name ISLAND BOYS, L.L.C. | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 548 US HWY 27 STE C CLERMONT, FL 34711 | | Mailing Address 548 US HWY 27 STE C CLERMONT, FL 34711 | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 548 US Hwy 27 Suite, Apt. #, etc. SUITE C City & State MINNEOLA, FL Zip 34715 Country US | | 3. Mailing Address 548 US Hwy 27 Suite, Apt. #, etc. SUITE C City & State MINNEOLA, FL Zip 34715 Country US | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 30-0164637 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 6. Name and Address of Current Registered Agent HESSBURG, DANIEL J 548 US HWY 27 STE C CLERMONT, FL 34711 MINNEOLA, FL 34715 | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HESSBURG, DANIEL J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>548 US HWY 27 STE C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> </table> | | TITLE | MGR | <input type="checkbox"/> Delete | NAME | HESSBURG, DANIEL J | | STREET ADDRESS | 548 US HWY 27 STE C | | CITY-ST-ZIP | CLERMONT, FL 34711 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MINNEOLA, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>34715</td> <td></td> </tr> </table> | | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | MINNEOLA, FL | | CITY-ST-ZIP | 34715 | |
| TITLE | MGR | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | |
| NAME | HESSBURG, DANIEL J | | | | | | | | | | | | | | | | | | | | | | | |
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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. | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: <u>Daniel J. Hessburg</u> 4/08/05 352-394-1894 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | | | | | | | | | | | | | | | | | | | |