

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010444

Entity Name: ISLAND HOLIDAY, L.L.C.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

145 GRAND AVENUE
CORAL GABLES, FL 33133

New Principal Place of Business:

2840 SW 3RD AVE SUITE 100
MIAMI, FL 33129

Current Mailing Address:

145 GRAND AVENUE
CORAL GABLES, FL 33133

New Mailing Address:

2840 SW 3RD AVE SUITE 100
MIAMI, FL 33129

FEI Number: 81-0604324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARK L. RIVLIN, P.A.
1550 MADRUGA AVENUE, SUITE 120
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

GARDNER, PETER C
2840 SW 3RD AVE SUITE 100
MIAMI, FL 33129 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: PETER C. GARDNER

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARRISH, ANTHONY R JR
Address: 1617 TIGERTAIL AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARDNER, PETER C
Address: 2840 SW 3RD AVE SUITE 100
City-St-Zip: MIAMI, FL 33129

Title: MGR (X) Delete
Name: GARDNER, PETER C
Address: 2840 SW 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER C. GARDNER

MGR

04/14/2009

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