

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000018932

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** PRIVATE ISLANDS REALTY, LLC

**Current Principal Place of Business:**

117 1ST AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

117 1ST AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

STOCKTON, JAMES R III  
117 1ST AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250 US

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

STOCKTON, JAMES R  
117 1ST AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250 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: JAMES R STOCKTON

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MR. ( ) Delete  
Name: STOCKTON, JAMES R III  
Address: 117 1ST AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STOCKTON, JAMES R  
Address: 117 1ST AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: JAMES R STOCKTON

MGRM

04/30/2004

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