2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000020607

1. Entity Name GOLF ISLES, LLC



FILED Feb 17, 2006 08:00 AM Secretary of State

Principal Place of Business

Malling Address

DO NOT WRITE IN THIS SPACE

1073 HARBOUR WOOD DR. PUNTA GORDA, FL 33983 1073 HARBOUR WOOD DR. PUNTA GORDA, FL 33983



01302006 No Chg-LLC

CR2E083 (11/05)

FEI Number
 02-0698291

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

5. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

CELICO, JOSEPH G 1073 HARBOUR WOOD DR. PUNTA GORDA, FL 33983

DO NOT WRITE IN THIS SPACE

5	 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.
	NONATI DE

(NOTE, Registered Agent signature required when reinstailing)

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CELICO, JOSEPH G 1073 HARBOUR WOOD DR. PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLUMMER, STEPHEN G PO BOX 380393 MURDOCK, FL 33938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the their factors allow a supplied with the first and a supplied to

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: /

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

2/1/00

94.255-1340

Assiria Pinone #