


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90073 045 \*\*\*138.75

|  |   |
|--|---|
| <b>DOCUMENT # L03000020607</b>           |  |
| 1. Entity Name<br><b>GOLF ISLES, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1073 HARBOUR WOOD DR.<br/>PUNTA GORDA, FL 33983</b> | Mailing Address<br><b>1073 HARBOUR WOOD DR.<br/>PUNTA GORDA, FL 33983</b> |
|---|---|

**60008081**



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

01232008 Chg-LLC CR2E083 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>02-0698291</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |             |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent                             |  | 7. Name and Address of New Registered Agent        |             |
| <b>CELICO, JOSEPH G<br/>1073 HARBOUR WOOD DR.<br/>PUNTA GORDA, FL 33983</b> |  | 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS |                       |                                 |  | 10. ADDITIONS/CHANGES |  |   |  |
|------------------------------|-----------------------|---------------------------------|--|-----------------------|--|---|--|
| TITLE                        | MGR                   | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | CELICO, JOSEPH G      |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               | 1073 HARBOUR WOOD DR. |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  | PUNTA GORDA, FL 33983 |                                 |  | CITY-ST-ZIP           |  |   |  |
| TITLE                        | MGR                   | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | PLUMMER, STEPHEN G    |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               | PO BOX 380393         |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  | MURDOCK, FL 33938     |                                 |  | CITY-ST-ZIP           |  |   |  |
| TITLE                        |                       | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |                       |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               |                       |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  |                       |                                 |  | CITY-ST-ZIP           |  |   |  |
| TITLE                        |                       | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |                       |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               |                       |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  |                       |                                 |  | CITY-ST-ZIP           |  |   |  |
| TITLE                        |                       | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |                       |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               |                       |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  |                       |                                 |  | CITY-ST-ZIP           |  |   |  |
| TITLE                        |                       | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |                       |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               |                       |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  |                       |                                 |  | CITY-ST-ZIP           |  |   |  |

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 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:** Joseph G. Celico **MANAGER** 2/11/08 941-255-1340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #