

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023957

Entity Name: ISLAND COMPANY LLC

FILED
Mar 10, 2004
Secretary of State

Current Principal Place of Business:

400 SOUTH POINTE DR.
SUITE 707
MIAMI BEACH, FL 33139

New Principal Place of Business:

227 FIRST STREET #2
MIAMI BEACH, FL 33139

Current Mailing Address:

400 SOUTH POINTE DR.
SUITE 707
MIAMI BEACH, FL 33139

New Mailing Address:

227 FIRST STREET #2
MIAMI BEACH, FL 33139

FEI Number: 11-3695907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLANUEVA, SCOTT G ESQ.
1221 BRICKELL AVENUE
SUITE 918
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

TAYLOR, TRISHA
227 FIRST STREET #2
MIAMI BEACH, FL 33139 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: TRISHA TAYLOR

03/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ANTLE, SPENCER
Address: 400 SOUTH POINTE DR., #707
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: TAYLOR, PATRICIA
Address: 400 SOUTH POINTE DR., #707
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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

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: TRISHA TAYLOR

MISS

03/10/2004

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