


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000024917**

1. Entity Name  
**H ISLE, LLC**



Principal Place of Business <b>4500 PGA BOULEVARD, SUITE 207          PALM BEACH GARDENS, FL 33418</b>	Mailing Address <b>4500 PGA BOULEVARD, SUITE 207          PALM BEACH GARDENS, FL 33418</b>
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03212006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0840054</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIVOSTA, OTTO B  
 4500 PGA BOULEVARD, SUITE 207  
 PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE IN THIS SPACE**

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 reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIVOSTA, OTTO B 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIVOSTA, OTTO B., REVOCABLE TRUST 4500 PGA BLVD STE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIVOSTA, BETTY J., REVOCABLE TRUST 4500 PGA BLVD STE 207 PALM BEACH GARDENS, FL 33418
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 05/10/06-80054-009 50.00

**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 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 809, Florida Statutes.

SIGNATURE:     *Leo Bole*         *Phillip Brant*         3/27/06         861-691-9050    

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #