

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000024917



1. Entity Name  
 H ISLE, LLC

Principal Place of Business  
 4500 PGA BOULEVARD, SUITE 207  
 PALM BEACH GARDENS, FL 33418

Mailing Address  
 4500 PGA BOULEVARD, SUITE 207  
 PALM BEACH GARDENS, FL 33418



02082007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 55-0840054

Applied For	Not Applicable
-------------	----------------

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
 Due by May 1, 2007**

U00000738262  
 05/11/07-80061-011 50.00

**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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 608, Florida Statutes.

SIGNATURE:

Otto B. DiVosta

3/28/07

561/691-9050