

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024917

Entity Name: H ISLE, LLC

FILED  
Mar 23, 2012  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 55-0840054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DIVOSTA, OTTO B  
Address: 4500 PGA BOULEVARD, SUITE 207  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: DIVOSTA, OTTO B., REVOCABLE TRUST  
Address: 4500 PGA BLVD STE 207  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: DIVOSTA, BETTY J., REVOCABLE TRUST  
Address: 4500 PGA BLVD STE 207  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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: OTTO B. DIVOSTA

RA

03/23/2012

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