

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-02-2005 90014 019 ****55.00

DOCUMENT # L03000025380 1. Entity Name ISHC603, LLC	
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Principal Place of Business 4037 OASIS BOULEVARD CAPE CORAL, FL 33914	Mailing Address 4037 OASIS BOULEVARD CAPE CORAL, FL 33914
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01132005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0066941	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPAGNOLO, ROGER
4037 OASIS BOULEVARD
CAPE CORAL, FL 33914

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE

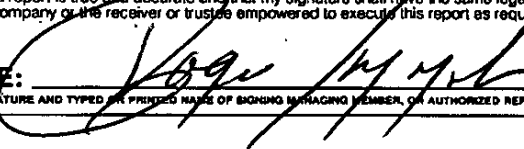
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LANG, DOUGLAS
STREET ADDRESS	4031 COBIA ESTATES DR
CITY - ST - ZIP	PUNTA GORDA, FL 33955
TITLE	MGRM
NAME	CAMPAGNOLO, ROGER
STREET ADDRESS	4037 OASIS BLVD
CITY - ST - ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	HOCHSTADT, STANLEY
STREET ADDRESS	24216 SANTA INEZ RD
CITY - ST - ZIP	PUNTA GORDA, FL 33955
TITLE	MGRM
NAME	SPECTOR, JOEL
STREET ADDRESS	4011 COBIA ESTATES DR
CITY - ST - ZIP	PUNTA GORDA, FL 33955
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 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 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:  3/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #