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Secretary of State
03-02-2005 90014 019 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025380

1. Entity Name
ISHC603, LLC

Principal Place of Business	Mailing Address
4037 OASIS BOULEVARD CAPE CORAL, FL 33914	4037 OASIS BOULEVARD CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

01132005 No Chg-LLC CR2E083 (10/03)

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

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

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/28/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #