

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/10/2

FILED
May 26, 2004 8:00 am
Secretary of State

05-10-2004 90013 027 ****50.00

DOCUMENT # L03000026114 1. Entity Name ISLAND CAPITAL MANAGEMENT, LLC			
Principal Place of Business 405 CENTRAL AVENUE, #202 ST. PETERSBURG FL 33701		Mailing Address 405 CENTRAL AVENUE, #202 ST. PETERSBURG FL 33701	
2. Principal Place of Business 100 First Ave South Suite, Apt. #, etc. Suite 212 City & State St. Petersburg, FL Zip 33701		3. Mailing Address 100 First Ave South Suite, Apt. #, etc. Suite 212 City & State St. Petersburg, FL Zip 33701	
4. FEI Number 90-0100895		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2909 BAY-TO-BAY BLVD., SUITE 309 TAMPA FL 33629		7. Name and Address of New Registered Agent Name XXXXXXXXXXXXXXXXXXXX Street Address (P.O. Box Number is Not Acceptable) XXXXXXXXXXXXXXXXXXXX City XXXXXXXX FL Zip Code XXXXXX	
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 _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELDRED, MICAH 405 CENTRAL AVE., #22 ST. PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELDRED, MICAH 100 First Ave. S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CARL OILLEY 100 First Ave. S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Toni Lizzano-Gratton 100 First Ave. S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:		5/1/04 727-887-152	