


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90282 013 ****50.00

DOCUMENT # L03000028672					
1. Entity Name ISLAND PALMS LLC					
Principal Place of Business 3800 SOUTH OCEAN DRIVE 210 HOLLYWOOD, FL 33019			Mailing Address 3800 SOUTH OCEAN DRIVE 210 HOLLYWOOD, FL 33019		
2. Principal Place of Business <i>3800 S. OCEAN DR.</i>		3. Mailing Address <i>3800 S. OCEAN DR.</i>			
Suite, Apt. #, etc. <i>210</i>		Suite, Apt. #, etc. <i>210</i>			
City & State <i>Hollywood FL</i>		City & State <i>Hollywood FL</i>			
Zip <i>33019</i>		Country <i>USA</i>		Zip <i>33019</i>	
Country <i>USA</i>		Country <i>USA</i>			
6. Name and Address of Current Registered Agent FAIRMAN, NEIL 3800 SOUTH OCEAN DRIVE 210 HOLLYWOOD, FL 33019			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLAZA LUXURY DEVELOPMENT GROUP, INC 3800 SOUTH OCEAN DRIVE SUITE 210 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>X</i>			<i>Neil Fairman</i> 4/24/04 754-630-PR80 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		