

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2004 8:00 am
Secretary of State

05-03-2004 90126 045 ****50.00

DOCUMENT # L03000031927

1. Entity Name
ISLANDIA III, LLC



34008508

Principal Place of Business
**222 SOUTH U.S. HIGHWAY 1, SUITE 209
TEQUESTA, FL 33469**

Mailing Address
**222 SOUTH U.S. HIGHWAY 1, SUITE 209
TEQUESTA, FL 33469**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1207106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LABONTE, CHAD P.
222 SOUTH U.S. HIGHWAY 1, SUITE 209
TEQUESTA, FL 33469**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

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
**MGR
Devcon Development LLC
222 South U.S. Hwy One, #209
Tequesta, FL 33469**

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 606, Florida Statutes.

SIGNATURE: *Chad P. LaBonte*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/9/04
Date

561.744.3341
Daytime Phone #