2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000032326

1. Entity Name
ISLAND SENSATIONS, LLC

Principal Place of Business	Mailing Address
654 SEA OATS DRIVE SANIBEL, FL 33957	P.O. BOX 1640 SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

01302006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0281484	Not Applicable

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

6. Name and Address of Current Registered Agent

URKOVICH, RONALD S
2323 WOOSTER LANE, SUITE 2
SANIBEL, FL 33957

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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 ____N/A____

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

Filing Fee is $50.00
Due by May 1, 2006

1000004561U9
03/16/06-80010-021 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ASHTON, SARAH
STREET ADDRESS	654 SEA OATS DR.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	METZLER, JAMES
STREET ADDRESS	654 SEA OATS DR.
CITY-ST-ZIP	SANIBEL, FL 33957
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 exemptions contained in Chapter 119, 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: ✓ _Sarah S. Ashton_   ✓ 2/25/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #