2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# L03000037690

Entity Name: ISLAND VENTURES AND PROPERTIES, LLC

Current Principal Place of Business:

7 EVERGREEN AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

7 EVERGREEN AVENUE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EID, STEVEN A
7 EVERGREEN AVENUE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: JACKSON, STEADMAN D
Address: 51 AVENUE C
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete
Name: EID, STEVEN A
Address: 7 EVERGREEN AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete
Name: HOOVER, SCOTT
Address: 203-1 SOUTHARD STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JACKSON, STEADMAN D
Address: 511 AVENUE C
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: HOOVER, SCOTT
Address: 2040 LANGHAM ROAD
City-St-Zip: RALEIGH, NC 27615

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVE EID MGR 05/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date