

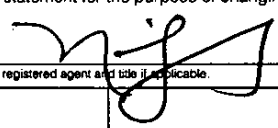



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90114 027 ****50.00

DOCUMENT # L03000041096 1. Entity Name ISLAND KEY DEVELOPERS, LLC					
Principal Place of Business 1111 CRANDON BLVD. B-1002 KEY BISCAINE, FL 33149			Mailing Address 21205 YACHT CLUB DR. 2208 AVENTURA, FL 33180		
2. Principal Place of Business 520 Brickell Key Dr. Suite, Apt. #, etc. 0305 City & State Miami FL Zip 33131 Country USA		3. Mailing Address 520 Brickell Key Dr. Suite, Apt. #, etc. 0-305 City & State Miami FL Zip 33131 Country USA		20052824 	
04222005 Chg-LLC CR2E083 (10/03)				4. FEI Number 02-0711932 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CROGNALE, TOMAS MARIO 21205 YACHT CLUB DR. 2208 AVENTURA, FL 33180	
7. Name and Address of New Registered Agent Transglobal Corp Admin, LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Dr. # 0-305 City Miami FL Zip Code 33131				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  DATE 4/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROGNALE, TOMAS MARIO 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STADHAM, Nicholas 520 Brickell Key Dr. # 0-305 MIAMI, FL - 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHAMY, ELIZABETH 21205 YACHT CLUB DR. #2208 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: 			Asst Sec. 4/22/05 374-3800 (305)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		