


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90131 015 ****50.00

DOCUMENT # L03000045865					
1. Entity Name ISLAND HOME WATCH, LLC					
Principal Place of Business 27310 W INDIES DR RAMROD KEY FL 33042			Mailing Address 27310 W INDIES DR RAMROD KEY FL 33042		
2. Principal Place of Business 27388 ST. VINCENT LN		3. Mailing Address 27388 ST. VINCENT LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State RAMROD KEY FL		City & State RAMROD KEY FL			
Zip 33042		Country USA		Zip 33042	
Country USA		4. FEI Number 20-0461426			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MOOREFIELD, HAROLD D JR 2200 MUSEUM TOWER 150 W FLAGLER ST MIAMI FL 33130			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE P	NAME MUENCH, WILLIAM R JR		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 27388 ST. VINCENT	CITY-ST-ZIP RAMROD KEY FL 33042			NAME _____	STREET ADDRESS _____
CITY-ST-ZIP RAMROD KEY FL 33042	_____			CITY-ST-ZIP _____	_____
TITLE S	NAME MUENCH, JOAN L		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 27388 ST. VINCENT	CITY-ST-ZIP RAMROD KEY FL 33042			NAME _____	STREET ADDRESS _____
CITY-ST-ZIP RAMROD KEY FL 33042	_____			CITY-ST-ZIP _____	_____
TITLE VP	NAME TIDUEMAN, DONALD R II		<input checked="" type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 27310 WINDIES DR	CITY-ST-ZIP RAMROD KEY FL 33042			NAME _____	STREET ADDRESS _____
CITY-ST-ZIP RAMROD KEY FL 33042	_____			CITY-ST-ZIP _____	_____
TITLE T	NAME TIEDEMAN, JAKE A		<input checked="" type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 27310 W. INDIES DR	CITY-ST-ZIP RAMROD FL 33042			NAME _____	STREET ADDRESS _____
CITY-ST-ZIP RAMROD FL 33042	_____			CITY-ST-ZIP _____	_____
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____			NAME _____	STREET ADDRESS _____
CITY-ST-ZIP _____	_____			CITY-ST-ZIP _____	_____
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____			NAME _____	STREET ADDRESS _____
CITY-ST-ZIP _____	_____			CITY-ST-ZIP _____	_____

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/20/5

(305) 872-0693