

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90437 050 \*\*\*\*50.00

DOCUMENT # L03000051413

1. Entity Name

ISLAND WAY, L.C.



Principal Place of Business

Mailing Address

200 ADMIRALS COVE BLVD, STE 417  
JUPITER FL 33477

200 ADMIRALS COVE BLVD, STE 417  
JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3773574

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

Name

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

City

**FL**

Zip Code

HYMAN, SHERRY L ESQ  
200 ADMIRALS COVE BLVD, STE 417  
JUPITER FL 33477

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP  
Thomas Frankel, Manager  
200 Admirals Cove Blvd, #417  
Jupiter, FL 33477

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP  
Rob Gordon, MANAGER  
3839 NW Boca Raton Blvd  
Suite 100A  
Boca Raton, FL 33431

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
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CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 #

3-9-04 561-744-1033