


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90144 021 \*\*\*\*50.00

|                                           |                                                                                   |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000051413</b>            |  |
| 1. Entity Name<br><b>ISLAND WAY, L.C.</b> |                                                                                   |

|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br><b>200 ADMIRALS COVE BLVD, STE 417<br/>JUPITER FL 33477</b> | Mailing Address<br><b>200 ADMIRALS COVE BLVD, STE 417<br/>JUPITER FL 33477</b> |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|



|                                                         |                                               |
|---------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><b>3801 PGA BLVD.</b> | 3. Mailing Address<br><b>3801 PGA BLVD.</b>   |
| Suite, Apt. #, etc.<br><b>SUITE 107</b>                 | Suite, Apt. #, etc.<br><b>SUITE 107</b>       |
| City & State<br><b>PALM BEACH GARDENS, FL</b>           | City & State<br><b>PALM BEACH GARDENS, FL</b> |
| Zip<br><b>33410</b>                                     | Country<br><b>USA</b>                         |

1st MOORE CR2E083 (10/05)

|                                                                                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>HYMAN, SHERRY L ESQ<br/>200 ADMIRALS COVE BLVD, STE 417<br/>JUPITER FL 33477</b>                                                                                                    |  |
| 7. Name and Address of New Registered Agent<br>Name<br><b>(SAME)</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3801 PGA BLVD.</b><br><b>SUITE 107</b><br>City<br><b>PALM BEACH GARDENS, FL</b> Zip Code<br><b>33410</b> |  |

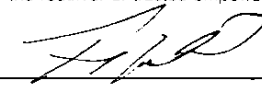
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                               | 10. ADDITIONS/CHANGES                          |                                                                                                                                                  |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>FRANKEL, THOMAS<br>200 ADMIRALS COVE BLVD #417<br>JUPITER FL 33477 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3801 PGA BLVD.-SUITE 107<br/>PALM BEACH GARDENS, FL 33410</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GORDON, ROB<br>3839 NW BOCA RATON BLVD STE 100A<br>BOCA RATON FL 33431 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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:  2.2.06 561-744-1033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #