

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90357 033 ****50.00

DOCUMENT # L03000051413

1. Entity Name

ISLAND WAY, L.C.



Principal Place of Business

Mailing Address

3801 PGA BLVD
SUITE 107
PALM BEACH GARDENS FL 33410

3801 PGA BLVD
SUITE 107
PALM BEACH GARDENS FL 33410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, 3535 Military Trail
City & Suite 101
Jupiter, FL 33458
Zip

3535 Military Trail
Suite 101
Jupiter, FL 33458

1st MOORE

CR2E083 (10/06)

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

HYMAN, SHERRY L ESQ
3801 PGA BLVD
SUITE 107
PALM BEACH GARDENS FL 33410

Name

Street Address

City

3535 Military Trail
Suite 101
Jupiter, FL 33458

State (table)

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.

I am familiar with, and accept

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, 2007

9. MANAGING MEMBERS/MANAGERS

10.

INS/CHANGES

TITLE MGR ☐ Delete
NAME FRANKEL, THOMAS
STREET ADDRESS 3801 PGA BLVD SUITE 107
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

3535 Military Trail
Suite 101
Jupiter, FL 33458

☒ Change ☐ Addition

TITLE MGR ☐ Delete
NAME GORDON, ROB
STREET ADDRESS 3839 NW BOCA RATON BLVD STE 100A
CITY-ST-ZIP BOCA RATON FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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☐ Change ☐ 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:

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

Date

Daytime Phone #

Thomas Frankel 1-3707