
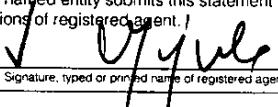
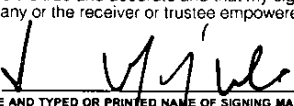


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90022 015 ****50.00

DOCUMENT # L03000052585 1. Entity Name ISLAND VENTURES, LLC					
Principal Place of Business 5150 NORTH TAMiami TRAIL 600 NAPLES, FL 34103			Mailing Address 5150 NORTH TAMiami TRAIL 600 NAPLES, FL 34103		
2. Principal Place of Business 2640 Golden Gate Pkwy Suite, Apt. #, etc. 205		3. Mailing Address 2640 Golden Gate Pkwy Suite, Apt. #, etc. 205			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 20-0473978	
Zip 34105-3200		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MALONE, JAMES 5150 NORTH TAMiami TRAIL 600 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Malone, James Street Address (P.O. Box Number is Not Acceptable) 2640 Golden Gate Pkwy # 205 City Naples FL Zip Code 34105		
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 4-10-06 <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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALONE, JAMES 1258 WAGGLE WAY NAPLES, FL 34108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALONE, JAMES 1258 WAGGLE WAY NAPLES, FL 34108	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALONE, JAMES 1258 WAGGLE WAY NAPLES, FL 34108	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE 4-10-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					