2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 20, 2007 8:00 am Secretary of State 03-20-2007 90145 020 ****50.00

DOCUMENT # L03000052585 1. Entity Name ISLAND VENTURES, LLC							03-20-2007	90145 0	20 ****50	J.00
Principal Place	of Business	Mailing Address				-	Tenn			
2640 GOLDEN		2640 GOLDEN GAT PKWY			ł					
205		205			Ì					
NAPLES, FL 3	34105-3200	NAPLES, FL 34105-320	JU .							
2. Principal Place of Business - No P.O. Box # 2210 Vanderbilt Beach Road		3. Mailing Address 2210 Vanderbilt Beach Road			Road					
Suite, Apt. #, etc. Suite 1203		Suite, Apt. #. etc. Suite 1203				02122007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State				4. FEI Numb				alied For
Naples	·	Naples, FL.			i	20-047	73978		5.00 Addit	Applicable
Zip 34109	Country	Zip 34109	Count	rry			of Status Desired		ee Required	
34103	6. Name and Address of Current I			_		7. Name and	d Address of New R	egistered A	gent	
Name										
MALONE, 2640 GOLE		Street Aduress ((P.O. Box Number is Not Acceptable)					
	#205 NAPLES, FL 34105									
				City				FL	Zip Code	
8. The above	named entity submits this statement to	r the purpose of changing its r	egistere	ed office or	register	ed agent, or b	oth, in the State of Fl	orida. I am fa	amiliar with, a	and accept
the obligati	ions of registered agent.						2-2			İ
SIGNATURE .	Signature, typed of printed name of registered agent a	and title if applicable (NOTE	Registered	d Agent signatu	re required	when reinstating)		DATE		
Fi	ling Fee is \$50.00							e check pa a Departme	ayable to ant of State	
Di	ue by May 1, 2007							· ·		
		BS/MANAGERS	10.	_			ADDITIONS	/CHANGES		
9.	MANAGING MEMBE	RS/MANAGERS	10. TITLE	E			ADDITIONS	/CHANGES	☐ Change	☐ Addition
9.	MANAGING MEMBE MGR MALONE, JAMES		TITLE	IE					••	_
9.	MANAGING MEMBE MGR MALONE, JAMES 1258 WAGGLE WAY		TITLE NAM STRE				rbilt Beac		••	_
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: 3/14/07 239-149-580
SIGNATURE: Date Dayme Phone #