

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 16, 2004  
Secretary of State**

DOCUMENT# L03000055478

Entity Name: ISLAND NOMADE, LLC

**Current Principal Place of Business:**

201 WILLIAM STREET, D-15  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

789 BRYDEN ROAD  
COLUMBUS, OH 432051722

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENSMINGER, DANA  
201 WILLIAM STREET, D-15  
KEY WEST, FL 33040

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DEBAAR, JACK  
Address: 789 BRYDEN ROAD  
City-St-Zip: COLUMBUS, OH 432051722

Title: MGRM ( ) Delete  
Name: SEIFERT, JOSEPH  
Address: 789 BRYDEN ROAD  
City-St-Zip: COLUMBUS, OH 432051722

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH A SEIFERT

MGRM

02/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date