

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90338 022 ***138.75

DOCUMENT # L03000056633

1. Entity Name
ISLAND CRAFTSMEN LLC



Principal Place of Business
**4219 SPIRE ST
PORT CHARLOTTE, FL 33981 US**

Mailing Address
**PO BOX 2517
BOCA GRANDE, FL 33921 US**

60013619



01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number
52-2409314

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KALTREIDER, JEFFREY A
5800 GASPARILLA RD STE C7
P.O. BOX 2517
BOCA GRANDE, FL 33921**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KALTREIDER, JEFFREY A
1073 ALSTON DR.
ENGLEWOOD, FL 34223** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PICCIUTO, HARRY
4219 SPIRE ST.
PORT CHARLOTTE, FL 33981** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WAGENER, JOHN
998 OXFORD DR.
ENGLEWOOD, FL 34223** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RUTAN, WALTER
13 COVE LANE
ENGLEWOOD, FL 34223** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5800 Gasparilla Rd. Ste. C7
P O Box 2517
Boca Grande, FL 33921** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5800 Gasparilla Rd. Ste. C7
P O Box 2517
Boca Grande, FL 33921** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5800 Gasparilla Rd. Ste. C7
P O Box 2517
Boca Grande, FL 33921** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

3/6/08

Date

Daytime Phone #