

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002820

Entity Name: ISLAND HEIGHTS, LLC

FILED
May 16, 2007
Secretary of State

Current Principal Place of Business:

1111 G ENTERPRISE CT
HOLLY HILL, FL 32117

New Principal Place of Business:

1011 D NOVA RD.
HOLLY HILL, FL 32117

Current Mailing Address:

PO 730371
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 20-1107321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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/MANAGERS:

Title: MGR () Delete
Name: PETERSEN, KATHLEEN L MGR
Address: 11G ENTERPRISE CRT
City-St-Zip: HOLLY HILL, FL 32117

Title: V MG () Delete
Name: JONES, LARRY K V MGR
Address: 1111G ENTERPRISE CRT
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PETERSEN, KATHLEEN L MGR
Address: 1011 NOVA RD
City-St-Zip: HOLLY HILL, FL 32117

Title: V MG (X) Change () Addition
Name: JONES, LARRY K V MGR
Address: 1011 NOVA RD
City-St-Zip: HOLLY HILL, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KATHLEEN PETERSEN

MGR

05/16/2007

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