


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90151 013 \*\*\*\*50.00

<b>DOCUMENT # L04000002872</b> 1. Entity Name <b>ISLANDER CONDOMINIUM DEVELOPMENT OF MELBOURNE BEACH, LLC</b>					
Principal Place of Business <b>406 OCEAN AVE - MELBOURNE BEACH FL 32951</b>				Mailing Address <b>301 Ocean Ave 406 OCEAN AVE MELBOURNE BEACH FL 32951</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>301 Ocean Ave</b> Suite, Apt. #, etc.			
City & State		City & State <b>Melbourne Beach, FL</b>		4. FEI Number <b>42-162-7951</b>	
Zip <b>32951</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MURRAY, WENDY 406 OCEAN AVE MELBOURNE FL 32951</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MURRAY, WENDY 406 OCEAN AVE MELBOURNE FL 32951</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 <u><i>Wendy Murray</i></u> <u>2/2/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					