## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L04000003974 1. Entity Name



**FILED** Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90281 013 \*\*\*\*50.00

ISLAMORADA CONDOMINIUM, LLC			Table 1							
Principal Place of Business 126 SEA PINE CIRCLE DAYTONA BEACH, FL 32114		Mailing Address 126 SEA PINE CIRCLE DAYTONA BEACH, FL 32114								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022005	Chg-LLC	CR2E0	63 (10/03)		
City & State		City & State			4. FEI Numb	er 6-0924 80	3	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired   \$5.00 Additional Fee Required			litional d		
6. Name and Address of Current Registered Ag		Registered Agent	Name		7. Name and	Address of New R	egistered /	Agent		
SMITH-DA	AVID Y		_  '	Name 						
SMITH, DAVID Y 126 SEA PINE CIRCLE				Street Address (	P.O. Box Numb	er is Not Acceptable	9)			
DAYTONA	BEACH, FL 32114	-		<del></del>				··· ······ · · · · · · · · · · · · · ·		
			-	City			FL	Zip Code	<del> </del>	
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 reinstating)  DATE										
Filing Fee is \$50.00 Due by May 1, 2005							e check p Departm	ayable to ent of State	•	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES			
TTILE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	SMITH, DAVID Y		NAME							
STREET ADDRESS CITY-ST-ZIP	126 SEA PINE CIRCLE DAYTONA BEACH, FL 32114		STREET A							
TITLE	MGRM	Delete	TITLE			<del></del>	<del></del>	Change	☐ Addition	
NAME	SMITH, IREYSE	L) Delete	NAME					orm#o		
STREET ADDRESS	126 SEA PINE CIRCLE		STREET A	LDORESS						
CITY-ST-ZZP	DAYTONA BEACH, FL 32114		CITY-ST-	-ZIP						
TITLE		☐ Delete	TITLE			_		☐ Change	Addition	
NAME CONCET ADDRESS			NAME Street A	- DODECC						
STREET ADDRESS CITY-ST-ZEP		and the second second	SINCE A	1		- <del>10</del> -				
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS			STREET A							
CITY-ST-ZIP			CITY-ST-	- ZIP		<del> </del>				
TITLE '		Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET A	nogree						
CITY-ST-ZIP			CITY-ST-							
TITLE		Delete	TITLE					Change	☐ Addition	
NAME			NAME							
STREET ADDRESS			STREET A	1						
CITY-ST-ZIP	L		CITY-ST							
i 11. iherehv⊲	cartify that the information supplied with	this filing does not dualify for t	me evemn	mon stated in Sc	action 119 07(3)	ro Morida Stabites	I TURNAL CAL	tiny mat the it	noitement	

I nerepty certify that the importance supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), Horida Statutes. I further certify that the informatic 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: