

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90535 010 ****50.00

DOCUMENT # L04000012364

1. Entity Name

ISLES OF CAPRI BUILDING LC



Principal Place of Business

P.O. BOX 1957
JENSEN BEACH FL 34958

Mailing Address

P.O. BOX 1957
JENSEN BEACH FL 34958

2. Principal Place of Business

6301 SE FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2970
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

65-1242447

Applied For

Not Applicable

Zip

34997

Country

USA

Zip

34995

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DOUGHERTY, JEFFREY
6301 SE FEDERAL HIGHWAY
STUART FL 34997

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME DOUGHERTY, JEFFREY
STREET ADDRESS P.O. BOX 1957
CITY-ST-ZIP JENSEN BEACH FL 34958

TITLE MGR ☐ Delete
NAME KNOTT, PAMELA
STREET ADDRESS P.O. 1957
CITY-ST-ZIP JENSEN BEACH FL 34958

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify 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 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

JEFFREY DOUGHERTY 3/9/05 772-288-0665

Date

Daytime Phone #