

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012364

Entity Name: ISLES OF CAPRI BUILDING LC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

6301 SE FEDERAL HWY
STUART, FL 34997

New Principal Place of Business:

4326 SW BROOKSIDE DRIVE
STUART, FL 34990

Current Mailing Address:

P.O. BOX 2970
STUART, FL 34995

New Mailing Address:

P.O. BOX 3179
STUART, FL 34995

FEI Number: 65-1242447 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:

DOUGHERTY, JEFFREY
6301 SE FEDERAL HIGHWAY
STUART, FL 34997 US

Name and Address of New Registered Agent:

DOUGHERTY, JEFFREY
4326 SW BROOKSIDE DRIVE
PALM CITY, FL 34990 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:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOUGHERTY, JEFFREY
Address: P.O. BOX 1957
City-St-Zip: JENSEN BEACH, FL 34958

Title: MGR (X) Delete
Name: KNOTT, PAMELA
Address: P.O. 1957
City-St-Zip: JENSEN BEACH, FL 34958

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOUGHERTY, JEFFREY
Address: P.O. BOX 3179
City-St-Zip: STUART, FL 34995

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFREY DOUGHERTY

MGRM

05/01/2008

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