2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90035 022 ****50.00

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1. Entity Name
ISLAND DEVELOPMENT, L.L.C.

20019696

Principal Place of Business	Mailing Address
5618-202 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914	5618-202 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914

02212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4002 Del Prado Blvd.		4002 Del Prado Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cape Coral, FL		City & State: Cape Coral, FL	
Zip: 33904	Country: USA	Zip: 33904	Country: USA

4. FEI Number: 20-1517630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, ROBERT A JR
5618-202 CAPE HARBOUR DRIVE
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 4002 Del Prado Blvd.
City Cape Coral FL Zip Code 33904

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, ROBERT A JR 5618-202 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4002 Del Prado Blvd. Cape Coral, FL 33904	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DI FEDE, MICHAEL 5618-202 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4002 Del Prado Blvd. Cape Coral, FL 33904	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert A. Lee, Jr. 239-560-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #