

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90035 045 *****50.00

DOCUMENT # L04000030957

1. Entity Name
D&L ISLAND DEVELOPMENT, LLC



Principal Place of Business
**11801 NW 9TH STREET
PLANTATION, FL 33325 US**

Mailing Address
**11801 NW 9TH STREET
PLANTATION, FL 33325 US**



2. Principal Place of Business
46 TARDON WAY PO BOX 130

3. Mailing Address
PO BOX 130

03102005 Chg-LLC CR2E083 (10/03)

City & State
PLACIDA USA

City & State
PLACIDA USA

4. FEI Number
20-2624349

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WITTERS, JENNIFER A
11801 NW 9TH STREET
PLANTATION, FL 33325**

7. Name and Address of New Registered Agent

Name **Jennifer Witters**
Street **(P.O. Box Number is Not Acceptable)
25 palm Dr
PO BOX 130**
City **PLACIDA FL** Zip Code **33946**

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]
Signature, typed or printed name of registered agent and title if applicable.

Jennifer Witters

4-13-05

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
WITTERS, DAVID J
11801 NW 9TH STREET
PLANTATION, FL 33325** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
TOBACK, LEE B
9944 NW 65TH MANOR
PARKLAND, FL 33076** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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

TITLE
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/05 941 4004048