# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000032923

1. Entity Name
ISLAND VIEW PROPERTIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 23 AM 9:24

| Principal Place of Business | Mailing Address |
|---|---|
| 133 CANDY LANE<br>PALM HARBOR, FL 34683 | 133 CANDY LANE<br>PALM HARBOR, FL 34683 |

05162005 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 714 N. Ft Harrison Ave<br>Suite, Apt. #, etc. | 714 N. Ft. Harrison Ave<br>Suite, Apt. #, etc. |
| City & State: Clearwater, FL | City & State: Clearwater FL |
| Zip: 33755 Country: USA | Zip: 33755 Country: USA |

4. FEI Number 20-1073925 — Applied For ☐ Not Applicable ☐

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KUGLER, BENJAMIN<br>133 CANDY LANE<br>PALM HARBOR, FL 34683 | Name: Kugler, Benjamin<br>Street Address (P.O. Box Number is Not Acceptable): 714 N. Fort Harrison Avenue<br>City: Clearwater FL Zip Code: 33755 |

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: Ben Kugler — May 20, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is $50.00**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE | MGR ☐ Delete | TITLE | MGR ☐ Change ☑ Addition |
| NAME | HOLLINGSWORTH, JESSICA | NAME | Pollack, Ron |
| STREET ADDRESS | 133 CANDY LANE | STREET ADDRESS | 714 N. Fort Harrison Avenue |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | CITY-ST-ZIP | Clearwater, FL 33755 |
| TITLE | MGR ☐ Delete | TITLE | MGR ☑ Change ☐ Addition |
| NAME | KUGLER, BENJAMIN | NAME | Kugler Benjamin |
| STREET ADDRESS | 133 CANDY LANE | STREET ADDRESS | 714 N. Ft. Harrison Ave |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | CITY-ST-ZIP | Clearwater, FL 33755 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | 800056303818 |
| STREET ADDRESS | | STREET ADDRESS | 06/17/05--01047--004 **50.00 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** Ben Kugler — May 20, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #