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 PALM HARBOR, FL 34683	133 CANDY LANE PALM HARBOR, FL 34683

05162005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
714 N. Ft Harrison Ave	714 N. Ft. Harrison Ave
Suite, Apt. #, etc.	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 133 CANDY LANE PALM HARBOR, FL 34683	Name: Kugler, Benjamin Street Address (P.O. Box Number is Not Acceptable): 714 N. Fort Harrison Avenue 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOLLINGSWORTH, JESSICA 133 CANDY LANE PALM HARBOR, FL 34683	☑ Delete	MGR Pollack, Ron 714 N. Fort Harrison Avenue Clearwater, FL 33755	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KUGLER, BENJAMIN 133 CANDY LANE PALM HARBOR, FL 34683	☐ Delete	MGR Kugler Benjamin 714 N. Ft. Harrison Ave Clearwater, FL 33755	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	800056303818 06/17/05--01047--004 **50.00	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Ben Kugler May 20, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #