


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90032 031 \*\*\*\*55.00

<b>DOCUMENT # L04000034766</b>	
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1. Entity Name  
ISLAND FINANCIAL MORTGAGE, LLC

Principal Place of Business  
401 B PINE STREET  
PO BOX 1116  
ANNA MARIA, FL 32416

Mailing Address  
401 B PINE STREET  
PO BOX 1116  
ANNA MARIA, FL 32416

40010100 -



2. Principal Place of Business - No P.O. Box #

516 70th Street

Suite, Apt. #, etc.

3. Mailing Address

516 70th Street

Suite, Apt. #, etc.

04092007 Chg-LLC CR2E083 (12/06)

City & State  
Holmes Beach FL

Zip  
34217

Country  
Manatee

City & State  
Holmes Beach FL

Zip  
34217

Country  
Manatee

4. FEI Number  
20-1255063

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name David A. Dickson, member

Street Address (P.O. Box Number is Not Acceptable)  
516 70th Street

City Holmes Beach FL Zip Code 34217

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

*David A. Dickson*

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

(NOTE: Registered Agent signature required when reinstating)

4/11/07

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DICKSON, DAVID A MR.	
STREET ADDRESS	516 70TH STREET	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*David A. Dickson, member*

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

4/11/07

Date

941-778-3035

Daytime Phone #