

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

01-18-2005 90180 007 ****50.00

DOCUMENT # L04000038089					
1. Entity Name ISLAND INVESTMENTS, LLC					
Principal Place of Business P.O. BOX 25 LONGBOAT KEY, FL 34228 US			Mailing Address P.O. BOX 25 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0870703	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALL FLORIDA SERVICES, INC 2831 RINGLING BOULEVARD SUITE 218F SARASOTA, FL 34237			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 file 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	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TOUCHTON, JOHN		NAME		
STREET ADDRESS	P.O. BOX 182		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33882		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TOUCHTON, DEBBIE		NAME		
STREET ADDRESS	P.O. BOX 182		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33882		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TALLEY, DAN		NAME		
STREET ADDRESS	P.O. BOX 25		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TALLEY, PATTI		NAME		
STREET ADDRESS	P.O. BOX 25		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
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)(b), 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: <i>Patti L. Talley</i>			Date: <i>1-13-05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <i>941-778-2000</i>		