

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90190 009 ****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

DO NOT WRITE IN THIS SPACE



02272007 No Chg-LLC

CR2E083 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOUCHTON, JOHN P.O. BOX 182 WINTER HAVEN, FL 33882
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOUCHTON, DEBBIE P.O. BOX 182 WINTER HAVEN, FL 33882
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TALLEY, DAN P.O. BOX 25 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TALLEY, PATTI P.O. BOX 25 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Dotti L Talley, Member

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

2-27-07

Date

941 778 8000

Daytime Phone #