_2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

DOCUMENT # L04000038690

1. Entity Name

ISLAND PLAZA CENTER, L.L.C.



FILED
Jan 28, 2008 08:00 AN
Secretary of State

NAME STREET ADDRESS CITY- ST- 2IP MARCO ISLAND FL 341 45 TILLE NAME STREET ADDRESS CITY- ST- 2IP						3/					
MARCO ISLAND FL 34145 US	Principal Place of Business Mailing Address										
Suite	MARCO ISLAND FL 34145		MARCO ISLAND FL 34145			.					
City & State Ci	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address				1911911 \$1) \$340 BIBN 88W 881		11\$ B3418 (\$111 BB		
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Replication Registered Agent Normal Norm	Zip	Country	Zip	Zip Country			5. Certificate of Status Desired				
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B. The above instined entity submide 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the property of of	678 BALD EAGLE DRIVE					Street Address (P.O. Box Number is Not Acceptable)					
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11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this race; is true and accurate and that the information shall have the same lead affect as if made under part in the Lambarrace of the indicated on this race; is true and accurate and that the information shall have the same lead affect as if made under part in the Lambarrace of the indicated on this race; is true and accurate and that the information indicated on this race; is true and accurate and that the information indicated on this race; is true and accurate and that the information indicated on this race; is true and accurate and that the information indicated on this race; is true and accurate and that the information indicated on this race; is true and accurate and that the information indicated on this race; is true and accurate and that the information indicated on this race; is true and accurate and that the information indicated on this race; is true and accurate and that the information indicated on the information ind		Legify that the information senniled wi	ith this filing does not qualify t			tained in Section 1	19. Florida Statutes	Liturither certi	ly that the :	riformation	

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: Les Mandalum

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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