

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90065 046 ***138.75

DOCUMENT # L04000038768

1. Entity Name

ELEGANT ISLAND HOMES AT THE SEA ISLE ON
WINDSOR LANE, LLC

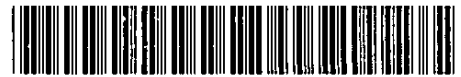


Principal Place of Business

C/O MICHAEL INGRAM
1001 WHITEHEAD STREET
KEY WEST FL 33040

Mailing Address

C/O MICHAEL INGRAM
1001 WHITEHEAD STREET
KEY WEST FL 33040



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-1248913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLITENICK, RICHARD M ESQ.
1009 SIMONTON STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

ERICA HUGHES - STERLING

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

SPOTTSWOOD, SPOTTSWOOD + SPOTTSWOOD

500 FLEMING ST.

City

KEY WEST

FL

Zip Code

33040

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

Richard M Klitenick

(Signature, typed or printed name of registered agent and the filer if applicable)

(NOTE: Registered agent's signature required when reappointing)

DATE

1/28/08

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BERRIS, SANFORD
STREET ADDRESS 1075 DUVAL STREET, UNIT R-24
CITY-ST-ZIP KEY WEST FL 33040 ☒ Delete

TITLE MGR
NAME WILSON, DAVID C
STREET ADDRESS 1075 DUVAL STREET, UNIT R-24
CITY-ST-ZIP KEY WEST FL 33040 ☒ Delete

TITLE MGR
NAME INGRAM, MICHAEL
STREET ADDRESS 1001 WHITEHEAD STREET
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Michael B Ingram

MICHAEL B INGRAM

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

DATE

1/28/08

305-292-7722