

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039502

FILED
Apr 29, 2006
Secretary of State

Entity Name: ISLE OF VIEW, L.L.C.

Current Principal Place of Business:

2341 FLEANCE DRIVE
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

2341 FLEANCE DRIVE
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 84-1671904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, PATRICIA Y
2341 FLEANCE DRIVE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

TURNER, PATRICIA Y
2341 FLEANCE DRIVE
PENSACOLA, FL 32503 US

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.

SIGNATURE: PATRICIA Y TURNER

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YOUNGBLOOD, FALBY IRENE
Address: 2341 FLEANCE DRIVE
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGR () Delete
Name: TURNER, DAVID A
Address: 2341 FLEANCE DR
City-St-Zip: PENSACOLA, FL 32503 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: TURNER, PATRICIA Y
Address: 2341 FLEANCE DR
City-St-Zip: PENSACOLA, FL 32503 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICIA Y TURNER

MGR

04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date