

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057709

FILED
Apr 19, 2006
Secretary of State

Entity Name: ISLAMORADA CONDOMINIUMS, LLC

Current Principal Place of Business:

3280 S. ATLANTIC AVE. SUITE A
DAYTONA BEACH SHORES, FL 32118

New Principal Place of Business:

Current Mailing Address:

3280 S. ATLANTIC AVE. SUITE A
DAYTONA BEACH SHORES, FL 32118

New Mailing Address:

FEI Number: 05-0607399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THURLOW, ROBERT S
415 CANAL STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOCH, ALLAN J
Address: 3280 S. ATLANTIC AVE. SUITE A
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: MGRM () Delete
Name: MACK, JAMES R
Address: 3280 S. ATLANTIC AVE. SUITE A
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

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: MGRM () Change (X) Addition
Name: FEE NICKS INVESTMENT, S, LLC.
Address: 3838 TAMiami TRAIL NORTH SUITE 300
City-St-Zip: NAPLES, FL 34103

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: JAMES MACK

MGRM

04/19/2006

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