2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# L04000070427

Entity Name: ISLAND VIEWS CONDOMINIUM, LLC

Current Principal Place of Business:

503 67TH STREET
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

503 67TH STREET
HOLMES BEACH, FL 34217

New Mailing Address:

FEI Number: 06-1734956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHUTTLESWORTH, WILLIAM A
503 67TH STREET
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

SHUTTLEWORTH, WILLIAM A
503 67TH STREET
HOLMES BEACH, FL 34217 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: WILLIAM A. SHUTTLEWORTH 07/06/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SHUTTLEWORTH, WILLIAM A
Address: 503 67TH STREET
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGRM ( ) Change (X) Addition
Name: SHUTTLEWORTH, LAURIE O
Address: 503 67TH STREET
City-St-Zip: HOLMES BEACH, FL 34217

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM A. SHUTTLEWORTH MGR 07/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date