

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073395

FILED  
May 01, 2005  
Secretary of State

Entity Name: ISLAND LANDINGS SPB, L.L.C.

**Current Principal Place of Business:**

355 71ST AVENUE  
ST. PETE BEACH, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

355 71ST AVENUE  
ST. PETE BEACH, FL 33706 US

**New Mailing Address:**

FEI Number: 20-1738314      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

WOOD, BRADLEY J ESQ.  
2639 DR. M.L. KING, JR. STREET NORTH  
ST. PETERSBURG, FL 33704 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WILLIAMS, EUGENE  
Address: 355 71ST AVENUE  
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: MGRM ( ) Delete  
Name: MCMANUS, BRIAN J JR.  
Address: 30 N. LASALE STREET, SUITE 2126  
City-St-Zip: CHICAGO, IL 60602 US

**ADDITIONS/CHANGES:**

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

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

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: EUGENE WILLIAMS

MGRM

05/01/2005

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