


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**


03-06-2006 90205 039 \*\*\*\*\*55.00

<b>DOCUMENT # L04000085625</b> 1. Entity Name ISLAND ASSET MANAGEMENT, LLC	
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Principal Place of Business 2989 BAY VILLAS COURT DESTIN, FL 32550	Mailing Address <del>10626 LINKWOOD COURT</del> 10523 N. Oak Hills Pkwy, Suite A SUITE A BATON ROUGE, LA 70810
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**DO NOT WRITE IN THIS SPACE**

10523 N. Oak Hills Pkwy, Suite A



01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1927800	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BUNCH, WAYNE  
2989 BAY VILLAS COURT  
DESTIN, FL 32550

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

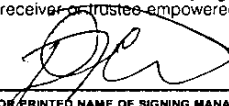
**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR CABALLERO, DAVID F <del>10626 LINKWOOD COURT, SUITE A</del> 10523 N. Oak Hills Pkwy, Suite A BATON ROUGE, LA 70810
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **2/21/06** **2257677968**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #