
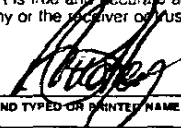


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 30, 2006 8:00 am
Secretary of State

04-28-2006 90020 007 ****50.00

DOCUMENT # L04000086769 1. Entity Name ISLANDS IN THE PINES RESTAURANT, LLC																													
Principal Place of Business 3980 NW 73RD AVE. LAUDERHILL FL 33319			Mailing Address 3980 NW 73RD AVE. LAUDERHILL FL 33319																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 20-1957379				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)																									
6. Name and Address of Current Registered Agent RUSSELL, AUDLEY 3980 NW 73RD AVE. LAUDERHILL FL 33319			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 reappointing) DATE _____																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RUSSELL, AUDLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8980 NW 73RD AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAUDERHILL FL 33319</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	RUSSELL, AUDLEY		STREET ADDRESS	8980 NW 73RD AVE		CITY-ST-ZIP	LAUDERHILL FL 33319		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Vice President</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>NAKIA Williams</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4900 NW 17CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAUDERHILL FL 33319</td> <td></td> </tr> </table>			TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	NAKIA Williams		STREET ADDRESS	4900 NW 17CT		CITY-ST-ZIP	LAUDERHILL FL 33319	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				Date: 5- Daytime Phone: (954) 448-2220																									