# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 13, 2009**
**Secretary of State**

DOCUMENT# L05000000403

**Entity Name:** ISLAND TOWER, LLC

**Current Principal Place of Business:**

1619 PERIWINKLE WAY
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 437
SANIBEL, FL 33957

**New Mailing Address:**

**FEI Number: 05-0402925** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SAMLER, JACK
1410 SAND CASTLE RD
SANIBEL, FL 33957 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: | GIL, JOSEPH | |
| Address: | 39 SHORE PARK ROAD | |
| City-St-Zip: | GREAT NECK, NY 11023 | |
| Title: | MGRM | ( ) Delete |
| Name: | GIL, REGINA | |
| Address: | 39 SHORE PARK ROAD | |
| City-St-Zip: | GREAT NECK, NY 11023 | |

**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 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: JOSEPH GIL MGRM 04/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date