2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State
05-12-2006 90240 025 ****50.00

DOCUMENT # L05000001300

1. Entity Name
ISLAND PUB PROPERTY LLC

Principal Place of Business	Mailing Address
745 12TH AVE. S, SUITE G NAPLES, FL 34102	745 12TH AVE. S, SUITE G NAPLES, FL 34102

4UU91791

03162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
600 Neapolitan Way	600 Neapolitan Way
Suite, Apt. #, etc. Unit 159	Suite, Apt. #, etc. Unit 159
City & State Naples FL	City & State Naples FL
Zip 34103 Country Collier	Zip 34103 Country Collier

4. FEI Number
65-1240354
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLOCK, TIMOTHY J 745 12TH AVE. S, SUITE G NAPLES, FL 34102	Name Street Address (P.O. Box Number is Not Acceptable) 600 Neapolitan Way Unit 159 City Naples FL 34103 **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 Timothy J. Flock 3/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLOCK, TIMOTHY J 2777 LAKEVIEW DR. NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHOOLEY, KENT L 4934 WEST BLVD. NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLOCK, DONALD E 545 CENTRAL AVE NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRIGGS, STEPHEN F 107 BROAD AVE. S NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Timothy J. Flock 3/16/06 239-263-3146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #