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Secretary of State

05-08-2007 90113 015 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000002395

1. Entity Name
ROYAL ISLAND, LLC

Principal Place of Business:
1650 NE 134TH STREET
NORTH MIAMI, FL 33181

Mailing Address:
1650 NE 134TH STREET
NORTH MIAMI, FL 33181

60049786

DO NOT WRITE IN THIS SPACE

04112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-2127007 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TRUITT, DUANE J
2230 16TH AVE. NE
NAPLES, FL 34120

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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 ____________________ DATE ______

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GREAT PRAIRIE VENTURES, INC
STREET ADDRESS	739 TIMBER RIDGE
CITY-ST-ZIP	FONTANA, WI 53125
TITLE	MGRM
NAME	TRUITT, DUANE J
STREET ADDRESS	2230 16TH AVE. NE
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ____________________ 4/26/07

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