

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003593

FILED
Jul 10, 2006
Secretary of State

Entity Name: 4 ISLANDS, LLC

Current Principal Place of Business:

72 FEEKS LANE
LOCUST VALLEY, NY 11560

New Principal Place of Business:

Current Mailing Address:

72 FEEKS LANE
LOCUST VALLEY, NY 11560

New Mailing Address:

FEI Number: 20-2238807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TURNER, THOMAS C
193 GOMEZ RD
HOBE SOUND, FL 33455 US

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: MGR () Delete
Name: MESTRE, EDUARDO
Address: 1 FACTORY POND ROAD
City-St-Zip: LOCUST VALLEY, NY 11560

Title: MGR () Delete
Name: TURNER, THOMAS C
Address: 72 FEEKS LANE
City-St-Zip: LOCUST VALLEY, NY 11560

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 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: THOMAS C. TURNER, MGR

MGR

07/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date