

2007 LIMITED-LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000003593

1. Entity Name
4 ISLANDS, LLC



Principal Place of Business 72 FEEKS LANE LOCUST VALLEY, NY 11560	Mailing Address 72 FEEKS LANE LOCUST VALLEY, NY 11560
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2238807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

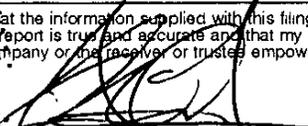
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MESTRE, EDUARDO 1 FACTORY POND ROAD LOCUST VALLEY, NY 11560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, THOMAS C 72 FEEKS LANE LOCUST VALLEY, NY 11560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGN HERE

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 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 2/12/07 Daytime Phone # 516 759-8323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE