2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT #1 05000005634



FILED Feb 07, 2006 8:00 am Secretary of State

1. Entity Name FISHER ISLAND REAL ESTATE, LLC							02-07-2006 900)/ 3 U11	30.00	J
Principal Place of Business ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 ONE FISHER ISLAND, FL 33109 FISHER ISLAND, FL 33109				SLAND DRIVE		20005866				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01062006	Chg-LLC	CR2E0	83 (11/05)	
City & State		City & State		•	4. FEI Numb	oer 20-225828	34		oplied For ot Applicable	
Zip	Country		Zip	Zip Country		5. Certificate	e of Status Desired		\$5.00 Add Fee Require	fitional
	6. Name	and Address of Current R	tegistered Agent			7. Name and	d Address of New R	egistered A	gent	
DELACE	117 111191	E			Name					
DE LA CRUZ, LUIS F 95 MERRICK WAY STE 440 CORAL GABLES, FL 33134					Street Addres	s (P.O. Box Numb	per is Not Acceptable	;)		
					City			FL	Zip Cod	е
	named entitions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or regis	tered agent, or bo	oth, in the State of Flo	orida. Lam i	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signature requ	ired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006										
								e check p n Departm	ayable to ent of Stat	0
			RS/MANAGERS	10.				Departm		9
9. TITLE	MGR	y 1, 2006 MANAGING MEMBEF	Delete	TITLE	ı		Florida	Departm		Addition
9. TITLE NAME	MGR FISHER	MANAGING MEMBER SLAND INVESTMENTS,	Delete	TiTLE	E		Florida	Departm	ent of Stat	
9. TITLE NAME STREET ADDRESS	MGR FISHER IS	MANAGING MEMBER SLAND INVESTMENTS, HER ISLAND DRIVE	Delete	TITLE NAM STRE	ı		Florida	Departm	ent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER IS	MANAGING MEMBER SLAND INVESTMENTS,	Delete INC.	TITLE NAM STRE	E ET ADORESS -ST-ZIP		Florida	Departm	ent of Stat	
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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:

SIGNATURE:

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