

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012779

Entity Name: TRANQUILITY ISLAND, LLC

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

8825 EAST TAMiami TRAIL  
NAPLES, FL 341133347

**New Principal Place of Business:**

**Current Mailing Address:**

8825 EAST TAMiami TRAIL  
NAPLES, FL 341133347

**New Mailing Address:**

FEI Number: 20-4768823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURKE, CONSTANCE M ESQ  
1107 WEST MARION AVENUE, SUITE 112  
PUNTA GORDA, FL 339505372 US

**Name and Address of New Registered Agent:**

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: DELANGE, LUKE  
Address: 8825 TAMiami TRAIL EAST  
City-St-Zip: NAPLES, FL 34113

Title: MGR ( ) Change (X) Addition  
Name: BOFF, JOSEPH  
Address: 8825 TAMiami TRAIL EAST  
City-St-Zip: NAPLES, FL 34113

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: LUKE DELANGE

MGR

04/27/2006

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