

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000023723

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** ISLAND PALM TREE FARM, LLC

**Current Principal Place of Business:**

525 STE RD 415  
N S.B., FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

6394 LONGLAKE DRIVE  
PORT ORANGE, FL 32128

**New Mailing Address:**

**FEI Number:** 54-2171219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SQUIRES, RANDY  
6394 LONGLAKE DRIVE  
PORT ORANGE, FL 32128 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:** MGRM  
**Name:** SQUIRES, RANDY  
**Address:** 6894 LONGLAKE DR.  
**City-St-Zip:** PORT ORANGE, FL 32128

I hereby 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:** RANDY SQUIRES

MR

02/07/2011

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