2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

DOCUMENT # L05000031298 1. Entity Name ISLE DE MAI PROPERTIES, LLC							05-04-2006	5 900 3 0 0	16 ****	50.00	
Principal Plac 1401 PARK I SUITE C FERNANDINA			Mailing Address 1401 PARK AVENUE C FERNANDINA BEACH, FL 32034 US			1 1881(S)(B)(OZNOJ BISLI BOJIH BOJIH BOJIH	1 88:88 11 5 1 7		 	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202006	Chg-LLC	CR2E08	3 (11/05)		
City & State			City & State		4. FEI Numbe	174373		_ 	oplied For ot Applicable		
Zip			Zip			<u> </u>	of Status Desired		5.00 Add se Require		
6. Name and Address of Current Registered Agent Name						7. Name and	Address of New R	egistered Ag	jent		
HOLCOMB, FRANKLIN D JR. 1401 PARK AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
SUITE C FERNANDINA BEACH, FL 32034							<u> </u>				
1					City	City FL Zip Code					
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											
Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE											
Filing Fee Is \$50.00 Due by May 1, 2006								e check pay Departmen		e	
9.	. MA	NAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGRM		Delete TITL		ł			I	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HOLCOMB, FRAN 1401 PARK AVEN FERNANDINA RE	IUE SUITEC			ET ADDRESS - ST- ZIP						
TITLE	FERNANDINA BEACH, FL 32034 MGRM		Delete	TITU		.		+	Change	Addition	
NAME STREET ADDRESS	WATKINS, BILLY RAY 1401 PARK AVENUE SUITE C			NAM	E ADDRESS					j	
CITY+ST+ZIP					-\$1-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		i				Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete		1			1	Change	Addition	
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THILE NAME STREET ADDRESS CITY-ST-ZIP			C Delete		-				□ Change	Addition	
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 accordate 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 receiptor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											