

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000031298

1. Entity Name
ISLE DE MAI PROPERTIES, LLC



Principal Place of Business

**1401 PARK AVENUE
SUITE C
FERNANDINA BEACH, FL 32034**

Mailing Address

**1401 PARK AVENUE
C
FERNANDINA BEACH, FL 32034 US**



02122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2174373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLCOMB, FRANKLIN D JR.
1401 PARK AVENUE
SUITE C
FERNANDINA BEACH, FL 32034**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOLCOMB, FRANKLIN D JR.
STREET ADDRESS	1401 PARK AVENUE SUITE C
CITY-STATE-ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGRM
NAME	WATKINS, BILLY RAY
STREET ADDRESS	1401 PARK AVENUE SUITE C
CITY-STATE-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000737814
05/11/07-80043-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Franklin D. Holcomb, Jr.

Date

Daytime Phone #

904
4/27/07 277-3992