2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000031298

1. Entity Name

ISLE DE MAI PROPERTIES, LLC

¥.

Principal Place of Business

FERNANDINA BEACH, FL 32034

Mailing Address

1401 PARK AVENUE

1401 PARK AVENUE

SUITE C

C Fernandina Beach, Fl. 32034

US

FILED
Apr 24, 2008 08:00 AN
Secretary of State



04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 	Applied For
41-2174373	-	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

LIMAND	MA 555-511, 1 5 5250-7			
	named entity submits this statement for the purpose of chang lons of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE-Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLCOMB, FRANKLIN D JR. 1401 PARK AVENUE SUITEC FERNANDINA BEACH, FL 32034	U00000918250 05/13/08-80073-020 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, BILLY RAY 1401 PARK AVENUE SUITE C FERNANDINA BEACH, FL 32034			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE		IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP		e de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya del la companya de la companya de la companya del la companya del la companya del la companya del la companya de la companya de la companya del la companya del la companya del la companya del		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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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.				

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE