2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# L05000036259

Entity Name: ISLAND INVESTMENT GROUP, LLC

Current Principal Place of Business:

15499 WHISPERING WILLOW DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

15570 WHISPERING WILLOW DRIVE
WELLINGTON, FL 33414

Current Mailing Address:

15499 WHISPERING WILLOW DRIVE
WELLINGTON, FL 33414

New Mailing Address:

15570 WHISPERING WILLOW DRIVE
WELLINGTON, FL 33414

FEI Number: 20-2671977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VAN HOUTEN, SUZANNE
15499 WHISPERING WILLOW DRIVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

MCCOWN, BILL
15570 WHISPERINGWILLOW DR
WELLINGTON, FL 33414 US

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: BILL MCCOWN 08/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VAN HOUTEN, SUZANNE
Address: 15499 WHISPERING WILLOW DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Delete
Name: MCCOWN, WILLIAM W
Address: 15499 WHISPERING WILLOW DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCCOWN, BILL
Address: 15570 WHISPERING WILLOW DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BILL MCCOWN MGR 08/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date