

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90079 026 \*\*\*\*50.00

**20041486**



03282006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000036835</b> 1. Entity Name <b>ISLAND SUPPLY CO., LLC</b>					
Principal Place of Business <b>3202 SOUTH MARITANA DRIVE ST. PETE BEACH, FL 33706 US</b>			Mailing Address <b>P.O. BOX 66738 ST. PETE BEACH, FL 33736</b>		
2. Principal Place of Business <b>167 107th Ave</b>		3. Mailing Address <b>P.O. Box 9691</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Treasure Island, FL</b>		City & State <b>Treasure Island, FL</b>		4. FEI Number <b>20-2759099</b>	
Zip <b>33706</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33706</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCGRATH, ROBERT T 3202 SOUTH MARITANA DRIVE ST. PETE BEACH, FL 33706</b>			7. Name and Address of New Registered Agent Name <b>MCGRATH, ROBERT T</b> Street Address (P.O. Box Number is Not Acceptable) <b>167 107th Ave</b> City <b>Treasure Island FL</b> Zip Code <b>33706</b>		
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 <u><i>Robert McGrath</i></u> DATE <u>4-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGRATH, ROBERT POST OFFICE BOX 66738 ST. PETE BEACH, FL 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE: <u>ROBERT MCGRATH MANAGING MEMBER</u> 4-26-06 (127) 368-0686</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					