
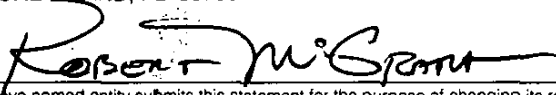



2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90029 026 ***138.75

DOCUMENT # L05000036835 1. Entity Name ISLAND SUPPLY CO., LLC					
Principal Place of Business 167 107TH AVE TREASURE ISLAND, FL 33706 US			Mailing Address PO BOX 9691 TREASURE ISLAND, FL 33740		
2. Principal Place of Business - No P.O. Box # 240 108th Ave.		3. Mailing Address Suite, Apt. #, etc. Suite 101			
City & State Treasure Island, FL		City & State Treasure Island FL		4. FEI Number 20-2759099	
Zip 33706		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional - Fee Required	
6. Name and Address of Current Registered Agent MCGRATH, ROBERT T 167 107TH AVE TREASURE ISLAND, FL 33706 			7. Name and Address of New Registered Agent Name McGrath, Robert T Street Address (P.O. Box Number is Not Acceptable) 240 108th Ave, Suite 101 City Treasure Island FL Zip Code 33706		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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
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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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				4-29-08 727-368-0686 Date Daytime Phone #	