

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000039873

**Entity Name:** FOX ISLAND, LLC

**FILED**  
**May 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

897 BARCARMIL WAY  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 112589  
NAPLES, FL 341080145

**New Mailing Address:**

**FEI Number:** 20-3068127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEGNAN, ERIN K ESQ.  
1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** DEGNAN, DENNIS M  
**Address:** C/O FOX ISLAND, LLC, P.O. BOX 112589  
**City-St-Zip:** NAPLES, FL 341080145

**Title:** MGR  
**Name:** DEGNAN, SUZANNE  
**Address:** C/O FOX ISLAND, LLC, P.O. BOX 112589  
**City-St-Zip:** NAPLES, FL 341080145

I hereby 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:** SUZANNE E. DEGNAN

MGR

05/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date