

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000048978

1. Entity Name
PORT OF THE ISLANDS PROPERTIES, LLC



Principal Place of Business
2614 TAMiami TRAIL N., SUITE 615
NAPLES, FL 34103 US

Mailing Address
2614 TAMiami TRAIL N., SUITE 615
NAPLES, FL 34103 US

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2867341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMPSEY, WILL ESQ
821 5TH AVE SOUTH
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

U00000355025
07/15/08-80007-021 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHUCART, JAMES
2614 TAMiami TRAIL N., SUITE 615
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHUCART, CHRISTOPHER
2614 TAMiami TRAIL N., SUITE 615
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: James Shucart

7/09/08 239-564-4346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #