

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000048978

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** PORT OF THE ISLANDS PROPERTIES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2614 TAMiami TRAIL NORTH  
SUITE 700  
NAPLES, FL 34103 US

**Current Mailing Address:**

2614 TAMiami TRAIL N., SUITE 700  
NAPLES, FL 34103 US

**New Mailing Address:**

2614 TAMiami TRAIL NORTH  
SUITE 700  
NAPLES, FL 34103 US

**FEI Number:** 20-2867341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEMPSEY, WILL ESQ  
821 5TH AVE SOUTH  
NAPLES, FL 34102 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:** SHUCART, JAMES  
**Address:** 2614 TAMiami TRAIL N., SUITE 615  
**City-St-Zip:** NAPLES, FL 34103 US

**Title:** MGR  
**Name:** SHUCART, CHRISTOPHER  
**Address:** 2614 TAMiami TRAIL N., SUITE 615  
**City-St-Zip:** NAPLES, FL 34103 US

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:** JAMES SHUCART

MGR

01/12/2011

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