

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000048981

1. Entity Name  
THE ISLANDS HOTEL, 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

20-2867195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEMPSEY, WILLIAM 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 reappointing)

DATE

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

U00000955023  
07/15/08-80007-019 538.75

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

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

James Shucart

7/09/08 239-564-4346

Date

Daytime Phone #