

FROM :

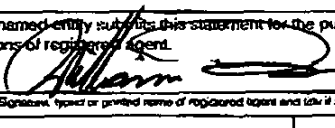
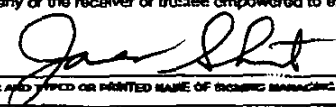
FAX NO. :

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90038 010 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

60055625

DOCUMENT # L05000049047					
1. Entity Name THE ISLANDS MARINA, 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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2867565	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRABINSKI, MATTHEW L ESQ 4001 TAMiami TRAIL N. STE 300 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Will Demosey, Esq. Street Address (P.O. Box Number is Not Acceptable) 821 5th Ave South City Naples FL Zip Code 34102		
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  DATE 7/30/07 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHUCART, JAMES 2614 TAMiami TRAIL N., SUITE 615 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHUCART, CHRISTOPHER 2614 TAMiami TRAIL N., SUITE 615 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE:  JAMES SHUCART SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					