FILED
May 19, 2008 8:00 am
Secretary of State
04-15-2008 90108 018 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000058529

1. Entity Name
THE ISLANDS, LLC

30006599

Principal Place of Business	Mailing Address
48 EAST MAIN STREET APOPKA, FL 32703	48 EAST MAIN STREET APOPKA, FL 32703

04102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7044 Stapoint Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park FL	City & State
Zip: 32792 Country: US	Zip / Country

4. FEI Number: 80-0184515 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, RAYMOND A
48 EAST MAIN STREET
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MCLEOD, RAYMOND A 48 EAST MAIN STREET APOPKA, FL 32703 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARK KRAMPE 7044 STA POINT CT, WINTER PARK FLORIDA 32792 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: MARK KRAMPE 4-10-08 407-6575935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #