

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072899

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** ISLAND PLACE MANAGEMENT LLC

**Current Principal Place of Business:**

8148 HWY 347  
CEDARA KEY, FL 32625

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 484  
CEDAR KEY, FL 32625

**New Mailing Address:**

**FEI Number:** 30-0326508      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COLLINS, PATTI S  
8148 HWY 347  
CEDAR KEY, FL 32625      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:** MGRM  
**Name:** COLLINS, PATTI S  
**Address:** 8148 HWY 347  
**City-St-Zip:** CEDAR KEY, FL 32625

**Title:** MGRM  
**Name:** COLLINS, LLOYD L  
**Address:** 8148 HWY 347  
**City-St-Zip:** CEDAR KEY, FL 32625

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: PATTI S. COLLINS      MGRM      03/29/2010

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