



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000100035 1. Entity Name THE ISLAND HOUSE RESTAURANT, LLC	
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Principal Place of Business 5800 GASPARILLA ROAD BOCA GRANDE, FL 33921 US	Mailing Address P.O. BOX 1405 BOCA GRANDE, FL 33921 US
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4094269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MEEKER, BRIAN L
4805 SHORE LANE
BOCA GRANDE, FL 33921**

**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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEEKER, BRIAN L 4805 SHORE LANE BOCA GRANDE, FL 33921
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04/17/07-80049-001 50.00

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:  **4/5/07**
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #