2008.LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000100035

THE ISLAND HOUSE RESTAURANT, LLC



FILED Mar 21, 2008 08:00 A Secretary of State

Principal Place of Business

Malling Address

5800 GASPARILLA ROAD BOCA GRANDE, FL 33921 US

P.O. BOX 1405

BOCA GRANDE, FL 33921



03072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-4094269		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional equired

5. Name and Address of Current Registered Agent

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

3/12/08

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 Fiorida. I am famillar 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				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEEKER, BRIAN L 4805 SHORE LANE BOCA GRANDE, FL 33921			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000867333 04/08/08-80064-027 416.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	
indicated	certify that the information supplied with this filing does not con this report is true and accurate and that my signature should be company or the pactor of trustee empowered to execute the company or the pactor of the pactor of the company or the pactor of the company or the pactor of the company or the pactor of the	iall have the same legal effect as if made under or	ith; that I am a managing member or manager of the	