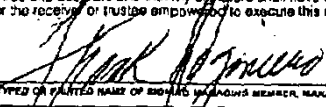


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/2/2008-90017-049-S138 75-S138.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 21 PM 1:17

DOCUMENT # L05000114380			
1. Entity Name ISLAND ESTATES PARADISE CONDOMINIUM DEVELOPMENT II, LLC			
Principal Place of Business 224 PONCE DE LEON BLVD. BELLEAIR, FL 33756		Mailing Address 224 PONCE DE LEON BLVD. BELLEAIR, FL 33756	
2. Principal Place of Business - No P.O. Box # 670 CLEARWATER LARGO RD. SUITE D LARGO, FL 33770		3. Mailing Address 670 CLEARWATER LARGO RD. → SAME SUITE, Apt. #, etc.	
City & State LARGO FL		City & State LARGO FL	
Zip 33770	Country USA	Zip	Country
4. FEI Number APPLIED FOR 36-2718190		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NASH, THOMAS C II 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required on all renewals.)			
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-STATE-ZIP	MGRM DOGANEIRO, FRANK 224 PONCE DE LEON BLVD. BELLEAIR, FL 33756	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3024 WOODSONG LANE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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: 		Date: 4-30-08 727-501-1160	