2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/2/2008-90017-049-$138.75-$138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 21 PM 1:17

04282008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000114380

1. Entity Name
ISLAND ESTATES PARADISE CONDOMINIUM DEVELOPMENT II, LLC

Principal Place of Business	Mailing Address
~~224 PONCE DE LEON BLVD.~~ ~~BELLEAIR, FL 33756~~ 670 Clearwater Largo Rd. Suite D Largo FL 33770	~~224 PONCE DE LEON BLVD.~~ ~~BELLEAIR, FL 33756~~
2. Principal Place of Business - No P.O. Box #: 670 Clearwater Largo Rd	3. Mailing Address: → Same
Suite, Apt. #, etc.: Suite D	Suite, Apt. #, etc.
City & State: Largo Fl	City & State
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	7. Name and Address of New Registered Agent
NASH, THOMAS C II 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756	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	MGRM	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	DOGANEIRO, FRANK		NAME		
STREET ADDRESS	~~224 PONCE DE LEON BLVD.~~		STREET ADDRESS	→ 3024 Woodsong Lane	
CITY-ST-ZIP	~~BELLEAIR, FL 33756~~		CITY-ST-ZIP	Clearwater, Fl 33761	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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: Frank Doganeiro Mg Mbr 4-30-08 727-501-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #