

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90019 043 ***138.75

DOCUMENT # L05000116381

1. Entity Name
ISLAND PALM PROPERTIES, LLC



Principal Place of Business
**P.O. BOX 290628
PORT ORANGE, FL 32129**

Mailing Address
**P.O. BOX 290628
PORT ORANGE, FL 32129**

60000682



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3926800

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRYE, KAREN M
6081 CENTRAL PARK BLVD.
PORT ORANGE, FL 32127**

**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 _____

**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
FRYE, KAREN M
6081 CENTRAL PARK BLVD
PORT ORANGE, FL 32127**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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: *Karen M Frie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/8/08

Date

386 788-8494

Daytime Phone #