


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90015 007 ***143.75

DOCUMENT # L05000121296	
1. Entity Name GLOBAL ISLANDS IP HOLDING LLC	

Principal Place of Business 9130 GALLERIA COURT SUITE 326 NAPLES FL 34109	Mailing Address 9130 GALLERIA COURT SUITE 326 NAPLES FL 34109
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2. Principal Place of Business - No P.O. Box # 3140 LA COSTA CIR, STE 106	3. Mailing Address 3140 LA COSTA CIR SUITE 106
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1st MOORE CR2E083 (10/07)

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34105	Zip 34105
Country USA	Country USA

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD. SUITE 600 NAPLES FL 34108

7. Name and Address of New Registered Agent Name AARON A. FARNER, P.L. Street Address (P.O. Box Number is Not Acceptable) 720 FIFTH AVE S., STE 211 City NAPLES, FL FL Zip Code 34102
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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 <u>Samantha A. Ravenscroft</u> 4/19/08 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAVENSCROFT, SAMANTHA 9130 GALLERIA COURT NAPLES FL 34109 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO Global Islands IP Holding LLC 3140 LA COSTA CIR, STE 106 NAPLES, FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Samantha A. Ravenscroft</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	4/19/08 Date Daytime Phone #