2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L06000000907

Entity Name: ISLAND DREAMS, LLC

Current Principal Place of Business:

26381 SOUTH TAMIAMI TRAI, SUITE 300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

26381 SOUTH TAMIAMI TRAIL, SUITE 300
BONITA SPRINGS, FL 34134

Current Mailing Address:

26381 SOUTH TAMIAMI TRAI, SUITE 300
BONITA SPRINGS, FL 34134

New Mailing Address:

26381 SOUTH TAMIAMI TRAIL, SUITE 300
BONITA SPRINGS, FL 34134

FEI Number: 20-4039379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
2210 VANDERBILT BEACH ROAD, SUITE 1201
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

CONROY, J. THOMAS III
CONROY COLEMAN & HAZZARD PA
2640 GOLDEN GATE PKWY SUITE 115
NAPLES, FL 34105 US

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.

SIGNATURE: 04/28/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NASHMAN, JAMES A
Address: 26381 SOUTH TAMIAMI TRAI, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NASHMAN, JAMES A
Address: 26381 SOUTH TAMIAMI TRAIL, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A. NASHMAN MGR 04/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date