


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000018288 1. Entity Name ISLAND CRANE SERVICES LLC	
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Principal Place of Business 6795 EASTBROOK DR SPRING HILL, FL 34606 US	Mailing Address 6795 EASTBROOK DR SPRING HILL, FL 34606 US
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04202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4353500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LABON, ALBERT J III
6795 EASTBROOK DR
SPRING HILL, FL 34606

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 _____ (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 LABON, ALBERT J III 6795 EASTBROOK DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMMONS, VICTORS H 373 OSOWAW BLVD SPRING HILL, FL 34607
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05/23/08-80101-017-138.75

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: *Albert J. Labon* 4-24-08 352-683-2573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #