

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020040

FILED
Sep 11, 2007
Secretary of State

Entity Name: ISLAND HEAT PRODUCTIONS PUERTO RICO, LLC

Current Principal Place of Business:

2801 PONCE DE LEON BLVD
SUITE 270
CORAL GABLES, FL 33134 US

New Principal Place of Business:

804 DOUGLAS ROAD
SUITE 365
CORAL GABLES, FL 33134 US

Current Mailing Address:

2801 PONCE DE LEON BLVD
SUITE 270
CORAL GABLES, FL 33134 US

New Mailing Address:

804 DOUGLAS ROAD
SUITE 365
CORAL GABLES, FL 33134 US

FEI Number: 54-2194444 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ISLAND HEAT PRODUCTI, ONS, LLC
Address: 2801 PONCE DE LEON BLVD SUITE 270
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ISLAND HEAT PRODUCTI, ONS, LLC
Address: 804 DOUGLAS ROAD SUITE 365
City-St-Zip: CORAL GABLES, FL 33134 US

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: WILLIAM H. O'DOWD

MGR

09/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date