2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025755

Entity Name: ISLAMORADA VILLAS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
211 N.W. 29TH COURT FT. LAUDERDALE, FL 33311	

Current Mailing Address:	**New Mailing Address:**
370 E. MAPLE ROAD 3RD FLOOR BIRMINGHAM, MI 48009	

FEI Number: 20-4475640   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
RIVERSTONE COMMUNITIES, LLC 2121 NW 29TH CT FT. LAUDERDALE, FL 33311 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: _____

          Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:	**ADDITIONS/CHANGES:**
Title: MGRM ( ) Delete Name: BELLINSON, JAMES Address: 4710 ARDMORE DR City-St-Zip: BLOOMFIELD HILLS, MI 48302	Title: MGRM (X) Change ( ) Addition Name: BELLINSON, JAMES L Address: 370 E MAPLE RD, 3RD FLOOR City-St-Zip: BIRMINGHAM, MI 48009
Title: MGRM ( ) Delete Name: PETERSON, DOUGLAS Address: 19000 SW 54TH PLACE City-St-Zip: SOUTHWEST RANCHES, FL 33332	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: MGRM ( ) Delete Name: DABKOWSKI, GARY Address: 44440 MIDWAY DR City-St-Zip: NOVI, MI 48375	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

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 BELLINSON   MGRM   04/24/2009

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