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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT -5 AM 9:26

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000032205

1. Entity Name
ISLAND A, LLC

Principal Place of Business	Mailing Address
2015 WILD LIME DRIVE SANIBEL FL 33957	2015 WILD LIME DRIVE SANIBEL FL 33957
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

05042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4586318 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL A. MURRAY, P.A.
5667 NAPLES BLVD.
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name: B. Greenfield
Street Address (P.O. Box Number is Not Acceptable): 2015 Wild Lime Dr.
City: Sanibel FL Zip Code 33957

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: [signature] 2015 Wild Lime Dr. Sanibel, Fl 33957 22 June 07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Barry Greenfield 2015 Wild Lime Dr. Sanibel, Fl 33957 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2007

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: [signature] 22 June 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #