

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000047910

**FILED**  
**May 15, 2008**  
**Secretary of State**

**Entity Name:** ISLAND CONSTRUCTION LLC

**Current Principal Place of Business:**

28121 CETATION WAY  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

17162 ALICO CENTER ROAD  
UNIT 4  
FORT MYERS, FL 332967 US

**Current Mailing Address:**

28121 CETATION WAY  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

17162 ALICO CENTER ROAD  
UNIT 4  
FORT MYERS, FL 332967 US

**FEI Number:** 20-4935325      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

LONGAKER, SHAWN T  
28121 CETATION WAY  
BONITA SPRINGS, FL 34135 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:** MGRM      ( ) Delete  
**Name:** LONGAKER, SHAWN T  
**Address:** 28121 CETATION WAY  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

**ADDITIONS/CHANGES:**

**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:** SHAWN LONGAKER

PRES

05/15/2008

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