


**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

4.

<b>DOCUMENT # L06000051416</b>			
1. Entity Name <b>ISLANDS EDGE, LLC</b>			
Principal Place of Business <b>11300 U.S. HIGHWAY 301 NORTH PARRISH, FL 34219</b>		Mailing Address <b>11300 U.S. HIGHWAY 301 NORTH PARRISH, FL 34219</b>	
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
4. FEI Number <b>65 032 5564</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RUSSELL, JEFFREY S 240 S. PINEAPPLE AVE., 9TH FLOOR SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name <b>Edward L. Mihevic</b> Street Address (P.O. Box Number is Not Acceptable) <b>11300 US Hwy 301 North</b> City <b>Parrish</b> FL Zip Code <b>34219</b>	
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 <b>Edward L. Mihevic</b> DATE <b>3-30-07</b> <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retreating))</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MIHEVIC, EDWARD 11300 U.S. HIGHWAY 301 NORTH PARRISH, FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Edward L. Mihevic</b> DATE <b>3-30-07</b> 776-12520 <small>(Signature and typed or printed name of signing managing member, manager, or authorized representative. Date Daytime Phone #)</small>			