


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90310 045 *****55.00

DOCUMENT # L06000060942

1. Entity Name
ISLAND CONSTRUCTION, LLC



Principal Place of Business
**12279 S.W. 129 COURT
 MIAMI, FL 33186**

Mailing Address
**12279 S.W. 129 COURT
 MIAMI, FL 33186**


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

6. Name and Address of Current Registered Agent

**M & AGENTS, INC.
 2101 CORPORATE BLVD., SUITE 107
 BOCA RATON, FL 33431**

60014980



01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
4-3183181 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and date if applicable. DATE _____

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 | MGRH | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOSHE YOVEL | | NAME | | |
| STREET ADDRESS | 12279 SW 129 CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33186 | | CITY-ST-ZIP | | |
| TITLE | MGRH | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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:  **M. YOVEL** **1-20-07** **(305) 256-8303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #