

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062720

FILED  
Aug 25, 2009  
Secretary of State

Entity Name: ISLAND HOMES OF CAT CAY LLC.

**Current Principal Place of Business:**

395 ALHAMBRA CIRCLE  
SUITE 200  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

395 ALHAMBRA CIRCLE  
SUITE 200  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 06-1796276      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:**

**Name and Address of New Registered Agent:**

DE ONA, JORGE V SR  
395 ALHAMBRA CIRCLE  
SUITE 200  
CORAL GABLES, FL 33134 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:**

Title: MGRM ( ) Delete  
Name: DE ONA, JORGE V SR  
Address: 1021 MANATI AVE  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM ( ) Delete  
Name: VENTO, OSVALDO M SR  
Address: 6819 SUNRISE PL  
City-St-Zip: CORAL GABLES, FL 33133 US

Title: MGRM ( ) Delete  
Name: MARTINEZ, CARLOS E SR  
Address: 5754 SW 100 ST  
City-St-Zip: PINECREST, FL 33156 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JORGE V. DE OÑA

MGRM

08/25/2009

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