

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

02-27-2007 90084 002 ****50.00

DOCUMENT # L06000096423 1. Entity Name ISLAMORADA 604, LLC.					
Principal Place of Business 634 EAST THIRD AVENUE NEW SMYRNA BEACH FL 32169			Mailing Address POST OFFICE BOX 2011 NEW SMYRNA BEACH FL 32170		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 83-0465758 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent WEIDE, BRUCE 634 EAST THIRD AVENUE NEW SMYRNA BEACH FL 32169			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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WEIDE, BRUCE 634 EAST THIRD AVENUE NEW SMYRNA BEACH FL 32169	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.					
SIGNATURE: <u>Bruce Weide BRUCE E WEIDE</u> 2-19-07 386-423-7611 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					