

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106014

FILED
Apr 05, 2009
Secretary of State

Entity Name: ISLAMORADA BEACH HOUSE LLC

Current Principal Place of Business:

2332 GALIANO STREET
SUITE 128
CORAL GABLES, FL 33134

New Principal Place of Business:

1032 CORAL WAY
CORAL GABLES, FL 33134

Current Mailing Address:

2332 GALIANO STREET
SUITE 128
CORAL GABLES, FL 33134

New Mailing Address:

1032 CORAL WAY
CORAL GABLES, FL 33134

FEI Number: 20-5807860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMDAN, SAAD
2332 GALIANO STREET
SITE 128
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HAMDAN, SAAD
1032 CORAL WAY
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: SAAD HAMDAN

04/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAMDAN, SAAD
Address: 2332 GALIANO STREET | SUITE 128
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: TAYLOR, ROBERT M
Address: 3560 N. BAYHOMES DR
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAMDAN, SAAD
Address: 1032 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

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: SAAD HAMDAN

MGRM

04/05/2009

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