

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003113

Entity Name: BACK BAY ISLE, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

701 W. CYPRESS CREEK ROAD
SUITE 301
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

701 W. CYPRESS CREEK ROAD
SUITE 301
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-8191523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KODSI LAW FIRM, P.A.
701 W. CYPRESS CREEK ROAD
SUITE 303
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

KODSI LAW FIRM, P.A.
701 W. CYPRESS CREEK ROAD
3RD FLOOR
FORT LAUDERDALE, FL 33309 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THEOCLES, CHARLES L
Address: 701 W. CYPRESS CREEK ROAD, SUITE 301
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR (X) Delete
Name: KODSI, ISAAC
Address: 701 W. CYPRESS CREEK ROAD, SUITE 301
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KODSI, ISAAC
Address: 701 W. CYPRESS CREEK ROAD, SUITE 301
City-St-Zip: FORT LAUDERDALE, FL 33309

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: ISAAC KODSI

MGR

04/16/2009

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