

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024372

FILED
Apr 01, 2008
Secretary of State

Entity Name: ISLAND HOSPITALITY SERVICES, LLC

Current Principal Place of Business:

915 MIDDLE RIVER DRIVE
SUITE 515
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

915 MIDDLE RIVER DRIVE
SUITE 519
FORT LAUDERDALE, FL 33304

Current Mailing Address:

915 MIDDLE RIVER DRIVE
SUITE 515
FORT LAUDERDALE, FL 33304

New Mailing Address:

915 MIDDLE RIVER DRIVE
SUITE 519
FORT LAUDERDALE, FL 33304

FEI Number: 20-8573122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHCROFT, JAMES
915 MIDDLE RIVER DRIVE
SUITE 521
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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: US EXPORT DIRECT, IN, C.
Address: 915 MIDDLE RIVER DRIVE SUITE 521
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM () Delete
Name: ADESSO, SCOTT
Address: 915 MIDDLE RIVER DRIVE SUITE 515
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ADESSO, SCOTT
Address: 915 MIDDLE RIVER DRIVE SUITE 519
City-St-Zip: FORT LAUDERDALE, FL 33304

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: SCOTT ADESSO

MR.

04/01/2008

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