

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098142

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** ISLAND CITY ENTERPRISES LLC

**Current Principal Place of Business:**

1125 PALMETTO DR.  
CEDAR KEY, FL 32625

**New Principal Place of Business:**

1125 PALMETTO DR.  
1125 PALMETTO D  
CEDAR KEY, FL 32625 UN

**Current Mailing Address:**

P.O. BOX 979  
CEDAR KEY, FL 32625

**New Mailing Address:**

**FEI Number:** 26-1429951      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHLEEDE, JOHN F  
1125 PALMETTO DR.  
CEDAR KEY, FL 32625 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:** MGR  
**Name:** SCHLEEDE, JOHN F  
**Address:** P.O. BOX 979  
**City-St-Zip:** CEDAR KEY, FL 32625

**Title:** MGMR  
**Name:** SCHLEEDE, LORI A  
**Address:** PO BOX 979  
**City-St-Zip:** CEDAR KEY, FL 32625 US

I hereby 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: JOHN SCHLEEDE      MGRM      03/20/2012

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