

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024203

Entity Name: 674 ISLAND DRIVE, LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

329 SEABREEZE AVE.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

329 SEABREEZE AVE.
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURNE, ERNEST C
329 SEABREEZE AVE.
PALM BEACH, FL 33480 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 () Delete
Name: BOURNE, ERNEST C
Address: 329 SEABREEZE AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: SPROCK, MATIN
Address: 206 SEASPRAY AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: BANKS BOURNEAS GUARD, IAN FOR FAIRBA N KS & MA
Address: 329 SEABREEZE AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: BOURNE, BENJAMIN E
Address: 329 SEABREEZE AVE.
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: ASST (X) Change () Addition
Name: BOURNE, ERNEST C
Address: 329 SEABREEZE AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM (X) Change () Addition
Name: SPROCK, MARTIN
Address: 206 SEASPRAY AVE.
City-St-Zip: PALM BEACH, FL 33480

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

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: ERNEST C BOURNE

ASST

01/06/2009

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