

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115651

**Entity Name:** ISLAND LIFE GROUP, LLC

**FILED**  
**Jul 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2085 A1A SOUTH, SUITE 201  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

2085 A1A SOUTH, SUITE 201  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 45-3565671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIPSON, GARY D  
390 NORTH ORANGE AVENUE, SUITE 1500  
ORLANDO, FL 32801 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:** WILES, MICHAEL  
**Address:** 2085 A1A SOUTH, SUITE 201  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** MGR  
**Name:** FORDE, ANDRE  
**Address:** 2085 A1A SOUTH, SUITE 201  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

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: MICHAEL WILES

MGR

07/13/2012

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