200	ONIFORM BUS	INESS NEFT	<u>JN I</u>	(UDN)					õ
DOCU 1. Entity Nam	MENT # L9900	00002435	-A						5
ISLAND NATIONAL TRUST, L.C.						FILED			
				1		00 FEB - I AM 4:	09		
Principal Place of Business Mailing Address				,		,		•	
2328 TENTH AVENUE NORTH, SUITE 403 2328 TENTH AVENUE NORTH				JITE 403		SECRETARY OF STATE TALLAHASSEE, FLORI	E DΔ		
LAKE WORT	1 FL 33461-6606	LAKE WORTH FL 3346	1-0000	•		PACE MINORE, ECONO	Arija (1861 8188)	0 11181 0111 1 40 1	
Principal Place of Business				i i	_				
						t ingligit als letia tolli antil nom com com	B(B		
Suite, Apt.	Suite, Apt. #, etc.	e, Apt. #, etc.			DO NOT WRITE IN THIS S	PACE			
City & State		City & State			4. FEIN	4. FEI Number Applied For Not Applicable			
Zip Country		Zip	· I		5. Certificate of Status Desired S5.00 Additiona			litional	1
	6. Name and Address of Current	Registered Agent		<u>, </u>		e and Address of New Registered A	Fee Require	d 	1
				Name			<u> </u>		1
RUKIN, ROGER				Street Addre	ess (P.O. Box N	umber is Not Acceptable)	·		1
2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH FL 33461-6606				-					1
LANE W	JAIN FL 33401-0000			City		FL	Zip Code	 9	1
8 The above	named entity submits this statement fo	r the nurpose of changing it	ts register	ed office or rea	istered agent.				1
0. 1 0 0.0010	Hamou drinky dabrine in a date work	. the beybeen everyoned a		,	,, .g ,				
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NC	TE: Registere	d Agent signature re	quired when reinstati	ng) DATE			
		FILE	low!!!	FEE IS \$50.	.00	300003662	553	8	
		Make Check P				-02/98/010 *****50.00			
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CHANGES	米米米米米	30.00	-
TITLE	MGRM	☐ Delete	TITL				Change	☐ Addition	9
NAME STREET ADDRESS	LAKE WORTH FL 33461-6606			ET ADDRÉSS					E083 (11/00)
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME	MGRM JAMES B. RUKIN REVOCABLE TRUST 5/7/96 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH FL 33461-6606			E E			Change	Addition	CR2
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP			Change	☐ Addition	•
NAME		L. 5000	NAM	Ε .		, <u> </u>	.		ļ
STREET ADDRESS CITY-ST-ZIP		•		ET ADDRESS - ST-ZIP [†]					
TITLE		☐ Delete	TITL	1			☐ Change	Addition	
NAME Street address			NAM STRE	ET ADDRESS					
CITY-ST-ZIP	•		CITY	-ST-ZIP					1
TITLE NAME		☐ Delete	TITLE	,			Change	Addition	ŀ
STREET ADDRESS			STRE	ET ADDRESS		·			,
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP			☐ Change	Addition	ľ
NAME		Li Delete	NAM			,	Change	L Addition	ļ
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
11. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exe	mption stated i	n Section 119.0	07(3)(i), Florida Statutes. I further cert	ify that the ir	nformation	
indicated limited lial	on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have empowered to execute this	the same report as	e legal effect as required by C	s if made under hapter 608, Flo	oath; that I am a managing member rida Statutes.	or managei	r of the	
	eidajas	200 18/10	ris/:2	L	AI	bodri			
SIGNATURE: DISCONATURE AND TYPED OR PRINTED MANE OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE									