


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90127 030 ***138.75

DOCUMENT # M02000000466	
1. Entity Name GRAND ISLE FL APARTMENTS, LLC	

Principal Place of Business 711 HIGH STREET DES MOINES, IA 50392	Mailing Address 7995-B PRESERVE CIRCLE NAPLES, FL 34119
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2235 Venetian Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #3
City & State	City & State Naples, FL
Zip	Zip 34109
Country	Country USA



03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0928844	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY, SUITE 115
NAPLES, FL 34106-0000

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 2210 Vanderbilt Beach Road
Suite # Suite # 1201
City Naples
State FL
Zip Code 34109

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EDMARK XIV, LLC 7995-B PRESERVE CIRCLE NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2235 Venetian Ct. #3 Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **FRANK PTESTIO, JR. 4-7-08 239-593-9641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #