

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000091

FILED
Apr 29, 2005
Secretary of State

Entity Name: 6000 ISLAND BOULEVARD, LLC

Current Principal Place of Business:

7900 ISLAND BLVD.
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

7900 ISLAND BLVD.
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 65-0665393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: MGRM () Delete
Name: WILLIAMS ISLAND HOLD, INGS, INC.
Address: 7900 ISLAND BLVD.
City-St-Zip: AVENTURA, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: PS () Change (X) Addition
Name: MATUS, ALAN
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

Title: EVP () Change (X) Addition
Name: LIEB, JAMES
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

Title: SVP () Change (X) Addition
Name: ELBERT, DONALD
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

Title: VP () Change (X) Addition
Name: CIACCHI, BETTY
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

Title: AVP () Change (X) Addition
Name: TORPEY, CARITE
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALAN MATUS

PS

04/29/2005

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