

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000624

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE WILLIAMS ISLAND MARINA, LLC

Current Principal Place of Business:

4000 ISLAND BOULEVARD
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

4000 ISLAND BOULEVARD
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 65-1086449

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/MANAGERS:

Title: MGRM () Delete
Name: ISLAND BOULEVARD HOLDINGS, LLC
Address: 4000 ISLAND BOULEVARD
City-St-Zip: AVENTURA, FL 33160

Title: EVP () Delete
Name: MATUS, ALAN
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

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

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

Title: EVPS () Delete
Name: HIRSCH, MARK
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

Title: AVP () Delete
Name: CIACCHI, BETTY
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

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

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

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

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

Title: AS (X) Change () Addition
Name: LILLYCROP, WILLIAM J
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

Title: AVP (X) Change () Addition
Name: TORPEY, CARIET
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 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: DONALD ELBERT

SVP

04/14/2009

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