

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

06-19-2006 90368 023 ****50.00

DOCUMENT # M05000004412 1. Entity Name ISLAND CAPITAL PARTNERS, LLC					
Principal Place of Business 8424 WESTPHALIA RD UPPER MARLBORO, MD 20774			Mailing Address 8424 WESTPHALIA RD UPPER MARLBORO, MD 20774		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE RANSOME GROUP LLC 3306 SW 26TH AVENUE, BUILDING 403 OCALA, FL 34474				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKENZIE, RICHARD 8424 WESTPHALIA RD UPPER MARLBORO, MD 20774	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKENZIE, G. TOM P.O. B 6 BOCA GRAND, FL 33921	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Date: 2/4/06 Daytime Phone: 301-516-6000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30014557



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4. FEI Number **05 0625562** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required