

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000213

1. Entity Name

ISLAND INVESTORS, L.L.C.

SEA ISLAND INVESTORS

Principal Place of Business

3117 MONTAVESTA ROAD
LEXINGTON KY 40502

Mailing Address

3117 MONTAVESTA ROAD
LEXINGTON KY 40502-3507

2. Principal Place of Business

3. Mailing Address

125 WICKLOW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Granville, Ohio

Zip

Country

43023

U.S.A.

4. FEI Number

61-1325406

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOD, MARSHALL E ESQ.
303 CENTRE STREET, SUITE 100
FERNANDINA BEACH FL 32034

ATD:
Buo Hayden

7. Name and Address of New Registered Agent

NAME: HAYDEN, FRECILO, MILLSAPS
Street Address (P.O. Box Number is Not Acceptable): 200 W. Forsyth Street Suite 1330
City: Jacksonville FL Zip: 32202

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.

SIGNATURE

Calvin E. Hayden

Calvin E. Hayden, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/17/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PATTERSON, GREGORY 3117 MONTAVESTA ROAD LEXINGTON KY 40502	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRESIDENT BUCKLEY, MICHAEL MGRM 125 WICKLOW DRIVE Granville, Ohio 43023	<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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	300003491673--1 -12/08/00--01045--004 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Michael Buckley MGRM

Date

Daytime Phone #

7/1/00

740-587-4150

FILED

00 NOV 22 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/99)