


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M99000001342</b> 1. Entity Name ISLAND REALTY PROPERTIES, LLC	
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Principal Place of Business ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401 US	Mailing Address ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401 US
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01052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4065960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BEDARD, JULIE M ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUBELMANN, JAMES B ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUBELMANN, WILLIAM S ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUBELMANN, MARJORIE ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUBELMANN, WYETH S ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000009219  
01/21/04-80002-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **1/21/04**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #