


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90085 020 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # M99000001342</b><br>1. Entity Name<br>ISLAND REALTY PROPERTIES, LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>ONE NORTH CLEMATIS, SUITE 320<br>WEST PALM BEACH, FL 33401 US | Mailing Address<br>ONE NORTH CLEMATIS, SUITE 320<br>WEST PALM BEACH, FL 33401 US |
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01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

B. 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, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GUBELMANN, JAMES B<br>ONE NORTH CLEMATIS, SUITE 320<br>WEST PALM BEACH, FL 33401    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GUBELMANN, WILLIAM S<br>ONE NORTH CLEMATIS, SUITE 320<br>WEST PALM BEACH, FL 33401  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GUBELMANN, MARJORIE<br>ONE NORTH CLEMATIS, SUITE 320<br>WEST PALM BEACH, FL 33401   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GUBELMANN, WYETH S<br>ONE NORTH CLEMATIS, SUITE 320<br>WEST PALM BEACH, FL 33401    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Gubelmann, Phoebe Gr.<br>One North Clematis, Suite 320<br>West Palm Beach, FL 33401 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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)(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 AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/17/05