FILE NOW: Fee after May 1, will be $263.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 13 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 238.75	Annual Report $100.00 + $138.75 Corporation Supplemental Fee
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # Z00170

THE ISLAND VENTURES, L.C.
~~1599 WEYBRIDGE CIR.~~
NAPLES FL 33942

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

1a. Principal Place of Business Address
1599 WEYBRIDGE CIR.
NAPLES FL 33942

2. Mailing Address: 1548 weybridge cir
Suite, Apt. #, etc.:
City & State:
Zip: Country:

2a. Principal Place of Business:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. Date Organized or Qualified: 01/12/1990
3a. State of Formation: FL

4. FEI Number: 65-0140080
☐ Applied For
☐ Not Applicable

5. Date of Last Report: 02/28/1994

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

WILSON, GARY K.
1100 FIFTH AVENUE SOUTH
SUITE 211
NAPLES FL 33940

8. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, etc.:
City: Zip Code:

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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
D	CANADA, ARTHUR	283 OAK AVENUE	NAPLES FL
D	POHLMANN, BERT	200 CUDDY CT	NAPLES FL
D	KIERSTEAD, GLENN	540 BALD EAGLE DR.	NAPLES FL
D	LANCE, DAVID M.	6101 PELICAN BAY BLVD.	NAPLES FL
D	OUVERSON, THOMAS H.	349 14TH AVE. SO.	NAPLES FL
D	WRIGHT, WILLIAM J., JR	1527 GALLEON DR.	NAPLES FL

2/13/95 MBT

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INTERCEPTOR (12-04)