## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000015359

Entity Name: COAST PALM BAY, P.L.

FILED Apr 14, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7777 N. WICKMAN ROAD, UNIT 4 145 PALM BAY ROAD NW MELBOURNE, FL 32940

**SUITE # 104** 

WEST MELBOURNE, FL 32940

**Current Mailing Address:** New Mailing Address:

2502 N ROCKY POINT DRIVE 2502 ROCKY POINT DRIVE

#1000

TAMPA, FL 33607

FEI Number: 59-3735398 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUIE, PATRICIA 2502 ROCKY POINT DRIVE, SUITE 1000 TAMPA, FL 33607

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:

#1000

TAMPA, FL 33607

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MEMBERS:**

MGRM () Delete COAST FLORIDA, P.A. Name: Address: 2502 ROCKY POINT DR.

City-St-Zip: TAMPA, FL 33607

Title: () Delete Name:

Address: City-St-Zip:

## **ADDITIONS/CHANGES:**

(X) Change ( ) Addition COAST FLORIDA, P.A., Name: 2502 N ROCKY POINT DR.

Address:

City-St-Zip: TAMPA, FL 33607

Title: MGRM ( ) Change (X) Addition

WIESKOPF, MARK DDS Name: Address: 2502 N ROCKY POINT DR 1000

City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

**MGRM** SIGNATURE: ADAM DIASTI, DDS 04/14/2004