## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # / 02000011/020

## FILED May 11, 2004 8:00 am Secretary of State 05-11-2004 90001 010 \*\*\*\*50.00

Date

Daytime Phone #

DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 3. Mailing Address 4. FEI Number  A FEI Number  A FEI Number  A FEI Number  A State Address of Current Registered Agent  Name  DO NOT WRITE  IN THIS SPACE  City State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent.  Signature, bysed or printed name of registered agent and title if applicable.  DATE  FEE IS \$5.00  Make Check Payable to Department of State Department Department of State Department	FUN COAST RE	ALTY LLC		$ \nu$			
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To Name and Address of Current Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  City FL Zip Code  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.  DATE  FEE IS \$50.00  Mate Check Payable to Department of State DUE BY MAY 1:  9. MANAGING MEMBERS/MANAGERS  TITLE MANAGING MEMBERS/MANAGERS  T	Zip		Zip	Country		sired \$5.00 Additional	
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