

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038736

Entity Name: PALM COAST OFFICE LLC

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

139 NEPTUNE ROAD  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

139 NEPTUNE ROAD  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 74-3123964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONAHAN, CLARK V  
139 NEPTUNE ROAD  
ST., FL US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: ST AUGUSTINE FAMILY, LIMITED PARTNE R SHIP  
Address: 139 NEPTUNE RD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM ( ) Change (X) Addition  
Name: BRAVE RIFLES FAMILY, LIMITED PARTNE R SHIP  
Address: 139 NEPTUNE RD  
City-St-Zip: ST AUGUSTINE, FL 32086

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.

SIGNATURE: CLARK MONAHAN

MGMR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date