


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90155 016 ***138.75

DOCUMENT # L05000122308

1. Entity Name
FIRST COAST CRANE, LLC



Principal Place of Business 45419 ZIDELL ROAD CALLAHAN FL 32011 US	Mailing Address 1417 SADLER RD. #246 FERNANDINA BEACH FL 32034 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/07)

City & State	City & State	4. FEI Number 20-4739961	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TOMASSETTI, ARMOND J ESO.
406 ASH ST.
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name
Street 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

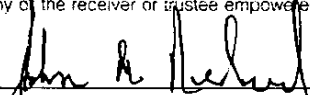
9. MANAGING MEMBERS / MANAGERS

TITLE MGR	NAME REDMOND, JOHN M	<input type="checkbox"/> Delete
STREET ADDRESS 1417 SADLER RD.	CITY-STATE-ZIP FERNANDINA BEACH FL 32034	

10. ADDITIONS / CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	
	MGRM Brenda B. Redmond 1417 Sadler Rd. Fernandina Bch, FL 32034	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **3-14-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #