

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122308

FILED  
May 01, 2009  
Secretary of State

Entity Name: FIRST COAST CRANE, LLC

**Current Principal Place of Business:**

45419 ZIDELL ROAD  
CALLAHAN, FL 32011 US

**New Principal Place of Business:**

**Current Mailing Address:**

1417 SADLER RD.  
#246  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

FEI Number: 20-4739961      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TOMASSETTI, ARMOND J ESQ.  
406 ASH ST.  
FERNANDINA BEACH, FL 32034 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: REDMOND, JOHN M  
Address: 1417 SADLER RD.  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM ( ) Delete  
Name: REDMOND, BRENDA B  
Address: 1417 SADLER RD  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRENDA B. REDMOND

MGRM

05/01/2009

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