


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90354 043 \*\*\*\*50.00

|  |                      |   |                       |  |                                   |
|--|----------------------|---|-----------------------|--|-----------------------------------|
| DOCUMENT # L06000042443  |                      |   |                       |         |                                   |
| 1. Entity Name<br>WEST COAST PROPERTY INVESTMENTS, LLC   |                      |   |                       |  |                                   |
| Principal Place of Business<br>1239 MACHERAL AVENUE<br>SARASOTA, FL 34243  |                      | Mailing Address<br>1239 MACHERAL AVENUE<br>SARASOTA, FL 34243 |                       |  |                                   |
| 2. Principal Place of Business - No P.O. Box #   |                      | 3. Mailing Address  |                       |  |                                   |
| Suite, Apt. #, etc.  |                      | Suite, Apt. #, etc.   |                       |  |                                   |
| City & State   |                      | City & State  |                       |  |                                   |
| Zip  | Country              | Zip   | Country               | 4. FEI Number <b>20-4788176</b> Applied For Not Applicable                               |                                   |
| 6. Name and Address of Current Registered Agent<br>GATELY, TERESA<br>1239 MACHERAL AVENUE<br>SARASOTA, FL 34234  |                      |   |                       | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                   |
| 7. Name and Address of New Registered Agent  |                      |   |                       | 02272007 Chg-LLC CR2E083 (12/06)   |                                   |
| Name   |                      |   |                       | Name   |                                   |
| Street Address (P.O. Box Number is Not Acceptable)   |                      |   |                       | Street Address (P.O. Box Number is Not Acceptable)                                       |                                   |
| City   |                      |   |                       | 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 signature required when reinstating) DATE _____  |                      |   |                       |  |                                   |
| Filing Fee is \$50.00 Due by May 1, 2007   |                      | Make check payable to Florida Department of State             |                       |  |                                   |
| 9. MANAGING MEMBERS/MANAGERS   |                      |   | 10. ADDITIONS/CHANGES |  |                                   |
| TITLE  | MGR                  | <input type="checkbox"/> Delete                               | TITLE                 | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | GATELY, TERESA       |   | NAME                  |  |                                   |
| STREET ADDRESS   | 1239 MACHERAL AVENUE |   | STREET ADDRESS        |  |                                   |
| CITY - ST - ZIP  | SARASOTA, FL 34237   |   | CITY - ST - ZIP       |  |                                   |
| TITLE  | MGR                  | <input type="checkbox"/> Delete                               | TITLE                 | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | ROE, KATHLEEN        |   | NAME                  |  |                                   |
| STREET ADDRESS   | 1239 MACHERAL AVENUE |   | STREET ADDRESS        |  |                                   |
| CITY - ST - ZIP  | SARASOTA, FL 34237   |   | CITY - ST - ZIP       |  |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete                               | TITLE                 | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                      |   | NAME                  |  |                                   |
| STREET ADDRESS   |                      |   | STREET ADDRESS        |  |                                   |
| CITY - ST - ZIP  |                      |   | CITY - ST - ZIP       |  |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete                               | TITLE                 | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                      |   | NAME                  |  |                                   |
| STREET ADDRESS   |                      |   | STREET ADDRESS        |  |                                   |
| CITY - ST - ZIP  |                      |   | CITY - ST - ZIP       |  |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete                               | TITLE                 | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                      |   | NAME                  |  |                                   |
| STREET ADDRESS   |                      |   | STREET ADDRESS        |  |                                   |
| CITY - ST - ZIP  |                      |   | CITY - ST - ZIP       |  |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete                               | TITLE                 | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                      |   | NAME                  |  |                                   |
| STREET ADDRESS   |                      |   | STREET ADDRESS        |  |                                   |
| CITY - ST - ZIP  |                      |   | CITY - ST - ZIP       |  |                                   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                      |   |                       |  |                                   |
| SIGNATURE: <u>Teresa Gately</u>  |                      |   | Date: <u>2-27-07</u>  |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                      |   | Daytime Phone #       |  |                                   |

400300

