

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90040 049 ***138.75

DOCUMENT # L06000042443

1. Entity Name
WEST COAST PROPERTY INVESTMENTS, LLC



Principal Place of Business
**1239 MACHERAL AVENUE
 SARASOTA, FL 34243**

Mailing Address
**1239 MACHERAL AVENUE
 SARASOTA, FL 34243**

60037770

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-4788176

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

7. Name and Address of New Registered Agent

**GATELY, TERESA
 1239 MACHERAL AVENUE
 SARASOTA, FL 34234**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GATELY, TERESA	
STREET ADDRESS	1239 MACHERAL AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34237	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Squires, TERESA	
STREET ADDRESS	1239 Macheral Avenue	
CITY-ST-ZIP	SARASOTA, FL 34237	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROE, KATHLEEN	
STREET ADDRESS	1239 MACHERAL AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34237	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Squires, GARY E	
STREET ADDRESS	1239 Macheral Avenue	
CITY-ST-ZIP	SARASOTA, FL 34237	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Teresa Squires* *TERESA Squires* *2-28-08*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #