

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043463

FILED  
Feb 01, 2008  
Secretary of State

Entity Name: P.C. COGGINS & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

744 VASSAR RD.  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3492  
DELAND, FL 32723

**New Mailing Address:**

FEI Number: 26-0404346      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

COGGINS, PATRICK C DR.  
744 VASSAR RD.  
DELAND, FL 32724      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: COGGINS, PATRICK C DR.  
Address: 744 VASSAR RD.  
City-St-Zip: DELAND, FL 32724

Title: MGR ( ) Delete  
Name: DALY, BARRY DR.  
Address: P.O. BOX 364  
City-St-Zip: GOTHAM, FL 34734

Title: MGR ( ) Delete  
Name: CAMERON-HALL, PRIMROSE  
Address: 744 VASSAR RD.  
City-St-Zip: DELAND, FL 32724

Title: MGR ( ) Delete  
Name: GIDDARIE, MARK  
Address: 4910 WATERS EDGE TRAIL  
City-St-Zip: ROSWELL, GA 30075

Title: MGRM ( ) Delete  
Name: LEAHY, ROBERT DR.  
Address: 416 N. SANS SOUCI AVENUE  
City-St-Zip: DELAND, FL 32720

Title: MGR (X) Delete  
Name: CAMPBELL, SHAWNRECE DR.  
Address: P.O. BOX 8300  
City-St-Zip: DELAND, FL 32723

**ADDITIONS/CHANGES:**

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

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

Title: MGR (X) Change ( ) Addition  
Name: THOMSON, MELVIONA MRS  
Address: 1195 HEIDI COURT  
City-St-Zip: DELAND, FL 32720

Title: MGR (X) Change ( ) Addition  
Name: GIDDARIE, MARK MR  
Address: 4910 WATERS EDGE TRAIL  
City-St-Zip: ROSWELL, GA 30075

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: DR PATRICK COGGINS

MGR

02/01/2008

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