


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90108 044 \*\*\*\*50.00

**DOCUMENT # M05000006463**

1. Entity Name  
**LOIS GULFCOAST LLC**



Principal Place of Business      Mailing Address  
**11540 HIGHWAY 92 EAST**      **11540 HIGHWAY 92 EAST**  
**SEFFNER, FL 33584**      **SEFFNER, FL 33584**

**20009681**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02022006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For  
**20-3742917**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCINTOSH, ANDREW L**  
**101 E. KENNEDY BLVD., SUITE 2000**  
**TAMPA, FL 33602**

**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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE


**Filing Fee is \$50.00**  
**Due by May 1, 2006**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>SEAMAN, JEFFREY</b> <b>400 PERIMETER CIRCLE TERRACE, SUITE 800</b> <b>ATLANTA, GA 30346</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	? <b>LEWIS STEIN</b> <b>11540 Hwy 92 EAST</b> <b>SEFFNER, FL 33584</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>JEFFREY FINKEL</b> <b>400 Perimeter Circle Terr. Ste 800</b> <b>ATLANTA, GA 30346</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. <b>Peter Weikner</b> <b>400 Perimeter Circle Terr. Ste 800</b> <b>Atlanta, GA 30346</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, T.S. <b>Mike Kettle</b> <b>400 Perimeter Circle Terr Ste 800</b> <b>Atlanta, GA 30346</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P.S. <b>JAMIE SHERR</b> <b>11540 Hwy 92 EAST</b> <b>SEFFNER FL 33584</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:**  **LEWIS STEIN, PRES**      2-8-06      813-623-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #