## **2008 LIMITED LIABILITY COMPANY**

**FILED** May 12, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L05000055479 802 SUNCOAST, LLC Principal Place of Business Mailing Address 802 16TH AVENUE WEST 738 RUGBY ROAD PALMETTO, FL 34221 BRYN MAWR, PA 19010 05062008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2947862 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DRENTLAW, DIANE R DO NOT WRITE 802 16TH AVENUE WEST PALMETTO, FL 34221 IN THIS SPACE 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 it applicable U00000950835 FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited ′04/08-80007 Due by September 12, 2008 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. TITLE MGRM DRENTLAW, DIANE R NAME STREET ADDRESS 738 RUGBY ROAD CITY-ST-ZIP BRYAN MAWR, PA 19010 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CUTY-ST-7/P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE 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: SIGNATURE AND TPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE