



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90060 020 ****50.00

DOCUMENT # L00000000581 1. Entity Name FIRST COAST TECHNOLOGY SERVICES, LLC					
Principal Place of Business 6800 SOUTHPOINT PARKWAY, STE. 902 JACKSONVILLE, FL 32216			Mailing Address 6800 SOUTHPOINT PARKWAY, STE. 902 JACKSONVILLE, FL 32216		
2. Principal Place of Business 5730 Bowden Rd Suite, Apt. #, etc. Ste. 306 City & State Jacksonville, FL Zip 32216		3. Mailing Address 5730 Bowden Rd Suite, Apt. #, etc. Ste. 306 City & State Jacksonville, FL Zip 32216			
Country USA		Country USA		08032004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-3619905				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LATSHAW, JOHN H JR. ESQ PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOZIK, JOHN M 6800 SOUTHPOINT PARKWAY, STE. 902 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOZIK, John M 5730 Bowden Rd, Ste. 306 Jacksonville, FL 32216	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		Date 08/02/04 Daytime Phone # 904.281.8277			