## **FILED** 4 08:00 AM v of State=

Applied For Not Applicable

2004 LIMITED ANNU	Apr 19, 2004 08:0 Secretary of Sta			
DOCUMENT # L00000  1. Entity Name SOUTHCOAST RESTAURANTS				
Principal Place of Business	Mailing Address			
1 INDEPENDENT DR Suite 1600	1 INDEPENDENT DR Suite 1600			
JACKSONVILLE, FL 32202-5009	JACKSONVILLE, FL 32202-5	5009		ARE MUNICULATURES MANUEL SALVE AREA AND A
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DO NOT WAT	4CE	4. FEI Number 59-3632208	Applied Not Appl	
	<u> </u>	*	5. Certificate of Status Desired	55.00 Additional
6. Name and Address of C	urrent Registered Agent			
GERVIN, SYDNEY A III 1 INDEPENDENT DR			DO NOT WR	ITE
SUITE 1600 JACKSONVILLE, FL 32202-5009			IN THIS SPA	CE
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The above named entity submits this states     the obligations of registered agent.	ment for the purpose of changing its regis	tered office or register	red agent, or both, in the State of Florida	a. I am familiar with, and a

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 wi	th, and accept
	the obligations of registered agent.	

SIGNATURE.

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2004

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

U00000118808 04/19/04-80075-010 50.00

9.	MANAGING MEMBERS/MANAGERS		
TIPLE	MGRM	-	
NAME	SOUTHCOAST CAPITAL CORPORATION		
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600	44.5	
CITY -ST - ZIP	JACKSONVILLE, FL 322025009	***	
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11 Thereby	certify that the information supplied with this filling does not gu	ualify for the exen	notion stated in Section 119,07(3)(i). Florida Statutes, I further certify that the information

I hereby carmy that the information supplied with this illing coes not quality for the exemption stated in section 1192/10101, Fronce statutes. Further certify that the 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 axecute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #