### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L00000003309

1. Entity Name SUNCOAST - MANATEE, LLC



Principal Place of Business

5515 21ST AVE. W., #D BRADENTON, FL 34209

Mailing Address

5515 21ST AVE. W., #D BRADENTON, FL 34209

## FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90057 035 \*\*\*\*50.00

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01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1055961

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON, FL 34205

# DO NOT WRITE 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	STEPHENS, STANLEY E	
STREET ADDRESS	5515 21 AV W #D	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	MGR	
NAME	MCKAY, JOHN M	
STREET ADDRESS	PO BOX 111	
CITY-ST-ZIP	BRADENTON, FL 34206	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11 I hereby certify that the information supplied with this filling does not qualify for the a		

# DO NOT WRITE IN THIS SPACE

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:

E AND TYPED OF DRINTED NAME OF SIL

SNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-10-06

941 795.273

Daytime Phone

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