


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90034 028 ****50.00

DOCUMENT # L00000008813					
1. Entity Name SUNCOAST 15750, L.L.C.					
Principal Place of Business 15750 NEW HAMPSHIRE CT FORT MYERS, FL 33908			Mailing Address 4253 BAY BEACH LANE 5F FORT MYERS BEACH, FL 33931		
2. Principal Place of Business		3. Mailing Address <i>15512 CALOOSA CREEK CIRCLE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>FORT MYERS FL</i>		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
33908		LEE			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LASSAUX, JAMES 4253 BAY BEACH LANE, #5-F FORT MYERS BEACH, FL			Name <i>LASSAUX, JAMES</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>15512 CALOOSA CREEK CIRCLE</i>		
			City <i>FORT MYERS</i>		FL Zip Code <i>33908</i>
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) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASSAUX, JAMES C 4253 BAY BEACH LANE #5F FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASSAUX, JAMES C 15512 CALOOSA CREEK CIRCLE FORT MYERS FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01092006 Chg-LLC CR2E083 (11/05)

Applied For
Not Applicable

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: *James C Lassaux* *1-10-2006 239-410-9847*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #