

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000016064

1. Entity Name
SUNCOAST REAL ESTATE, LLC



Principal Place of Business
5402 MARINA DRIVE
HOLMES BEACH, FL 34217

Mailing Address
5402 MARINA DRIVE
HOLMES BEACH, FL 34217



02182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1065209

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

**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, 2005**

11000000241785
02/24/05-80058-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GILSTRAP, JULIE A 5402 MARINA DRIVE HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHITE, HELEN A P.O. BOX 858 ANNA MARIA, FL 34216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHMIDT, MARY ANN 611 NORTH POINTE DRIVE HOLMES BEACH, FL 342171235
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARIFJEREN, DAVID L 712-59TH STREET NORTHWEST BRADENTON, FL 342091430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

941-779-
2/21/05 0202