

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 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**



02162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1065209	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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, 2007**

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	

U00000641115
02/28/07-80095-006 50.00

**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:

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

Date

Daytime Phone #

Julie A. Gilstrap

2/16/07

941-779-0202