

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90272 047 \*\*\*\*50.00

<b>DOCUMENT # L01000010869</b>					
<b>1. Entity Name</b> COAST TO COAST, L.L.C.					
<b>Principal Place of Business</b> 12940 S.W. 14TH COURT DAVIE, FL 33325			<b>Mailing Address</b> 12940 S.W. 14TH COURT DAVIE, FL 33325		
<b>2. Principal Place of Business</b> 303 8th Ave.		<b>3. Mailing Address</b> 303 8th Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Lehigh Acres, FL		<b>City &amp; State</b> Lehigh Acres, FL		<b>4. FEI Number</b> 65-1124859	
<b>Zip</b> 33972		<b>Country</b> Lee		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  HISE, JONATHAN 12940 S.W. 14TH COURT DAVIE, FL 33325			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 303 8th Ave. City Lehigh Acres FL Zip Code 33972		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR	<b>NAME</b> HISE, JONATHAN		<b>TITLE</b>	<b>NAME</b> 303 8th Ave.	
<b>STREET ADDRESS</b> 12940 SW 14TH COURT	<b>CITY-ST-ZIP</b> DAVIE, FL 33325		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> Lehigh Acres, FL 33972	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 			<b>TITLE</b> 		
<b>NAME</b> 			<b>NAME</b> 		
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 			<b>TITLE</b> 		
<b>NAME</b> 			<b>NAME</b> 		
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 			<b>TITLE</b> 		
<b>NAME</b> 			<b>NAME</b> 		
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>2-24-04</b> <b>239 821 7732</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					