


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2007 08:00 A**  
**Secretary of State**

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| <b>DOCUMENT # L01000015359</b><br>1. Entity Name<br>COAST PALM BAY, P.L. |  |
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|--|---|
| Principal Place of Business<br>145 PALM BAY ROAD NW<br>SUITE # 104<br>WEST MELBOURNE, FL 32940 | Mailing Address<br>2502 N ROCKY POINT DRIVE<br>#1000<br>TAMPA, FL 33607 |
|--|---|



07162007 No Chg-LLC

CR2E083 (11/05)

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|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-3735398                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>HUIE, PATRICIA<br>2502 ROCKY POINT DRIVE, SUITE 1000<br>TAMPA, FL 33607 |
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IN THIS SPACE**

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|---|---------------------|
| 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 <u><i>Patricia Huie</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                            | DATE <u>7.23.07</u> |

**Filing Fee is \$50.00  
Due by September 14, 2007**

U00000773132  
08/31/07-90002-004 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>COAST FLORIDA, P.A.<br>2502 N ROCKY POINT DR.<br>TAMPA, FL 33607    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WIESKOPF, MARK DDS<br>2502 N ROCKY POINT DR 1000<br>TAMPA, FL 33607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| 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. |  |  |
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|--|--|--------------------------------|
| <b>SIGNATURE:</b> <u><i>Patricia Huie</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | DATE <u>7/17/07</u><br><small>Date</small> | <small>Daytime Phone #</small> |
|--|--|--------------------------------|