2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000018003

1. Entity Name
COAST PORT CHARLOTTE, P.L.

Principal Place of Business	Mailing Address
4161 TAMIAMI TRIAL BUILDING 6 SUITE 604 PORT CHARLOTTE, FL 33952	2502 ROCKY POINT DRIVE 1000 TAMPA, FL 33607 US

07162007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3737383
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HUIE, PATRICIA A ESQ
2502 ROCKY POINT DRIVE, SUITE 1000
TAMPA, FL 33607

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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: Patricia A Huie 7.23.07
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 September 14, 2007

U00000773131
08/31/07-80002-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COAST DENTAL SERVICES, P.A.
STREET ADDRESS	2502 ROCKY POINT DRIVE, SUITE 1000
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	MGRM
NAME	AMBER DENTAL, LLC
STREET ADDRESS	2502 ROCKY POINT DRIVE, 1000
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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.

SIGNATURE: 7/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #