


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90005 046 \*\*\*\*55.00

<b>DOCUMENT # L02000001791</b>	
1. Entity Name <b>SOUTHCOAST EQUIPMENT COMPANY, L.L.C.</b>	

Principal Place of Business <b>3530 AGRICULTURAL CENTER DR., STE. 20 ST. AUGUSTINE FL 32092</b>	Mailing Address <b>3530 AGRICULTURAL CENTER DR., STE. 20 ST. AUGUSTINE FL 32092</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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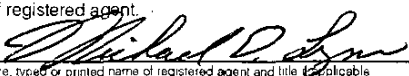
2nd MOORE CR2E083 (5/05)

City & State	City & State	4. FEI Number <b>43-1948795</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>LYNN, MICHAEL D 3530 AGRICULTURAL CENTER DR., STE. 209 ST. AUGUSTINE FL 32092</b>
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7. Name and Address of New Registered Agent Name <b>Lynn, Michael D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3803 Windjammer Lane</b> City <b>St. Augustine</b> FL Zip Code <b>32084</b>
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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:  DATE: <b>July 29, 2005</b>
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Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

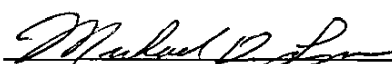
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 7, 2005**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>P LYNN, MICHAEL D 3803 WINDSUMMER LN. SAINT AUGUSTINE FL 32084</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>VP LYNN, MICHAEL WADE 2925 CABBAGE HAMMOCK RD. SAINT AUGUSTINE FL 32092</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>S LYNN, JOYCE P 3803 WINDSUMMER LN. ST. AUGUSTINE FL 32044</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: <b>7/27/05</b>	Daytime Phone #: <b>904-823-9112</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #