

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90085 028 \*\*\*138.75

**60003797**



<b>DOCUMENT # L02000002256</b> 1. Entity Name <b>GOLD COAST PROPERTIES, A FLORIDA LLC</b>					
Principal Place of Business <b>4281 NW 1ST AVENUE BOCA RATON, FL 33431</b>				Mailing Address <b>4281 NW 1ST AVENUE BOCA RATON, FL 33431</b>	
2. Principal Place of Business - No P.O. Box # <b>1651 NW 1st Court</b>		3. Mailing Address <b>1651 NW 1st Court</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>75-2997025</b>	
Zip <b>33432</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STRAUS, STEVE 4281 NW 1ST AVENUE BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name <b>Steve Straus</b> Street Address (P.O. Box Number is Not Acceptable) <b>1651 NW 1st Court</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</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. SIGNATURE <u><b>Steve Straus</b></u> DATE <u><b>1/8/08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAUS, STEVE 4281 NW 1ST AVE. BOCA RATON, FL 33431		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: <u><b>Steve Straus</b></u> <u><b>1/8/08</b></u> <u><b>561-362-7224</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					