

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003848

Entity Name: GULF COAST KIDS, LLC

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

1335 SORRENTO WOODS BLVD.  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

1335 SORRENTO WOODS BLVD.  
NOKOMIS, FL 34275

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HECKER, SUSAN BARRETT  
200 SOUTH ORANGE AVE.  
SARASOTA, FL 34236

**Name and Address of New Registered Agent:**

KNEGO, SIMONE  
1335 SORRENTO WOODS BLVD  
NOKOMIS, FL 34275

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.

SIGNATURE: SIMONE KNEGO

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: KIGS, SIMONE  
Address: 1335 SORRENT WOODS BLVD  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KNEGO, SIMONE  
Address: 1335 SORRENT WOODS BLVD  
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SIMONE KNEGO

PRES

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date