


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000005450 1. Entity Name SUNCOAST PROPERTIES OF PASCO, L.L.C.	
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Principal Place of Business 5441 PROVOST DRIVE HOLIDAY, FL 34690	Mailing Address 5441 PROVOST DRIVE HOLIDAY, FL 34690
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DO NOT WRITE IN THIS SPACE



01312004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0424350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARLOWE, RUSSELL G
8726 OLD COUNTY ROAD 54, SUITE E
NEW PORT RICHEY, FL 34653

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIKLOS, STEPHEN J 6725 RIVER RD NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGNER, PETER 2197 CALUSA CT PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, JOHN F 19307 BRAERWOOD DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARLOWE, RUSSELL 8726 OLD COUNTRY RD STE E NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/04-80018-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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: JF Thompson 1/31/4 727-945-0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #