


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90022 020 ****50.00

DOCUMENT # L02000011471 1. Entity Name BILLY CREEK SUNCOAST PROPERTY GROUP, LLC	
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Principal Place of Business 5010 N COOLIDGE AVENUE TAMPA, FL 33614	Mailing Address 5010 N COOLIDGE AVENUE TAMPA, FL 33614
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400008003



02022006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0080665 47-0916901	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H 315 S HYDE PARK AVENUE TAMPA, FL 33606

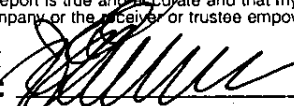
**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMERSON, JOHN J 5010 N COOLIDGE AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRATT, ERIC S 5010 N COOLIDGE AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMERSON, GLENN F 5010 N COOLIDGE AVE TAMPA, FL 33614
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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IN THIS SPACE**

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:  MANAGER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	2/6/06 <small>Date</small>	813-877-7591 <small>Daytime Phone #</small>
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