. 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025299

1. Entity Name

GOLD COAST REALTY INVESTORS, L.L.C.



Feb 06, 2006 08:00 AM Secretary of State

FILED

Principal Place of Business

3299 NW BOCA RATON BLVD

2ND FLOOR

BOCA RATON, FL 33431

Mailing Address

3299 NW BOCA RATON BLVD

2ND FLOOR

BOCA RATON, FL 33431



DO NOT WRITE IN THIS SPACE

01162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0484343

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEFALCO, FRED 3299 NW BOCA RATON BLVD 2ND FLOOR BOCA RATON, FL 33431

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 Signature, typed or printed name of registered agent and title if applicable (TADTE: Registered Agent signature required when reinstating) OATE			
	Signature, types or printed reams or registered again, and me is applicable	(NOTE: Hagistered	Agent signature required when reinstating) ORTE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS	}	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEFALCO, FRED 3299 NW BOCA RATON BLVD 2ND FLOOR BOCA RATON, FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000473182 02/17/06-80046-020 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
Title Name Street Address City-St-Zip			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS		}	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report is true and accurate and that my sonature shall have the same legal effect as if made under oath, that I am a managing member or manager of the ilmited liability company or they exerver or it ustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

AND TYPES OR PRINTED NAM

AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

130/20010

Daytime Phone #