


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90059 048 \*\*\*\*50.00

<b>DOCUMENT # L02000029397</b>	
1. Entity Name <b>WEST COAST DISTRIBUTING LLC</b>	

Principal Place of Business <b>8144 EARLSHIRE LANE SPRING HILL, FL 34606</b>	Mailing Address <b>8144 EARLSHIRE LANE SPRING HILL, FL 34606</b>
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**DO NOT WRITE IN THIS SPACE**

01162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>42-1573030</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GROESBECK, NORMAN 8144 EARLSHIRE LANE SPRING HILL, FL 34606</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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. (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>GROESBECK, NORMAN</b> <b>8144 EARLSHIRE LANE</b> <b>SPRING HILL, FL 34606</b> <i>SHOULD BE SAME AS ABOVE NAME + ADDRESS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:** NORMAN GROESBECK - OWNER 4-19-04 352-688-7043  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #