

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000200

**FILED**  
**Mar 25, 2004**  
**Secretary of State**

**Entity Name:** GOLD COAST HOME SOLUTIONS LLC

**Current Principal Place of Business:**

7491 N. FEDERAL HWY. C-5 #183  
BOCA RATON, FL 33487

**New Principal Place of Business:**

7491 N. FEDERAL HWY.  
C-5 #183  
BOCA RATON, FL 33487

**Current Mailing Address:**

7491 N. FEDERAL HWY. C-5 #183  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 16-1644310      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOVEDAY, JOANNE  
7201 NE 8TH AVE.  
BOCA RATON, FL 33487      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: LOVEDAY, JOANNE  
Address: 7491 N. FEDERAL HWY. C-5 #183  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOANNE LOVEDAY

MGRM

03/25/2004

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