

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90359 023 \*\*\*\*50.00

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04102007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000019234</b>			
1. Entity Name FIRST COAST INTERIORS OF JACKSONVILLE, LLC			
Principal Place of Business 258 BRIARWOOD LANE PONTE VEDRA BEACH, FL 32082		Mailing Address BOX 185, B30-18 A1A NORTH PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 830-13 A1A NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Box 185	
City & State		City & State Ponte Vedra Beach, FL	
Zip	Country	Zip	Country
32082	USA	32082	USA
4. FEI Number 76-0735282		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'NEILL, KAREN B 1009 21ST STREET NORTH JACKSONVILLE BEACH, FL 32250		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Margaret S. Markowski</i>		DATE <i>4-18-07</i>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARKOWSKI, MARGARET S. 258 BRIARWOOD LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARKOWSKI, HERMAN F. 258 BRIARWOOD LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Margaret S. Markowski</i>		<i>5/29/07</i>	