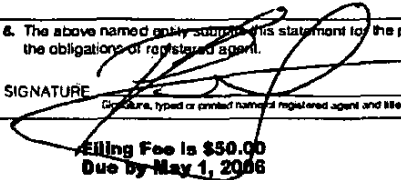
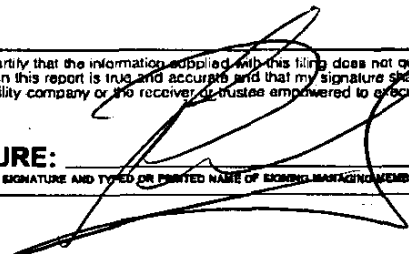


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**5 Jul 14, 2006 8:00 am
Secretary of State**

05-05-2006 90022 048 ****50.00

DOCUMENT # L03000020531 1. Entity Name FIRST COAST OF MIAMI, LLC		
Principal Place of Business 1305 NW 22 ST. MIAMI, FL 33127		Mailing Address 1305 NW 22 ST. MIAMI, FL 33127
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GONZALEZ, PEDRO 1305 NW 22 ST. MIAMI, FL 33127		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. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GONZALEZ, PEDRO 15563 SW 9 TERRACE MIAMI, FL 33184	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____		



03112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 43-2017817	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required