

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025352

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: GOLD COAST INVESTMENTS, LLC

**Current Principal Place of Business:**

3115 KAREN DRIVE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7611  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 56-2378826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE SCHRYVER, ILISE  
3115 KAREN DRIVE  
DELRAY BEACH, FL 33483 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: DE SCHRYVER, ILISE  
Address: 3115 KAREN DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGR ( ) Delete  
Name: WOOLLEY, CAROLYN  
Address: 1940 CIRCLE DRIVE  
City-St-Zip: N. PALM BEACH, FL 33408 US

Title: MGR ( ) Delete  
Name: DYER, LAWRENCE P  
Address: 1959 SERVICE ROAD  
City-St-Zip: N PALM BEACH, FL 33408 US

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ILISE DE SCHRYVER

MGR

04/29/2009

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