


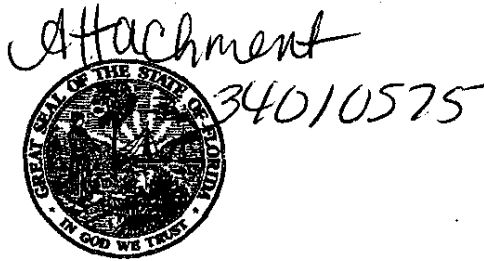
# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/15/04

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

06-15-2004 90168 004 \*\*\*\*50.00

<b>DOCUMENT # L03000025799</b>					
1. Entity Name <b>WEST COAST HOMES, LLC</b>					
Principal Place of Business <b>1900 MAIN STREET SUITE 300 SARASOTA, FL 34231</b>			Mailing Address <b>1900 MAIN STREET SUITE 300 SARASOTA, FL 34231</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. Filing Number <b>87-0710273</b>				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 <b>RICE, MELISSA K 1900 MAIN STREET SUITE 300 SARASOTA, FL 34231</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City - <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MKR INVESTMENTS, INC 1900 MAIN STREET, SUITE 300 SARASOTA, FL 34231 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.					
SIGNATURE: <u>Melissa K. Rice</u> <u>ms</u> <u>7/1/04</u> <u>941-954-1900</u>					



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

July 14, 2004.

WEST COAST HOMES, LLC  
1900 MAIN STREET  
SUITE 300  
SARASOTA, FL 34231

Subject: WEST COAST HOMES, LLC

Reference Number: L03000025799

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RW  
ANNUAL REPORTS SECTION