


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-08-2006 90035 012 ****50.00

DOCUMENT # L03000025799	
1. Entity Name WEST COAST HOMES, LLC	

Principal Place of Business 1900 MAIN STREET SUITE 300 SARASOTA, FL 34231	Mailing Address 1900 MAIN STREET SUITE 300 SARASOTA, FL 34231
---	---

2. Principal Place of Business 2801 Fruitville Rd	3. Mailing Address 2801 Fruitville Rd
Suite, Apt. #, etc. Suite 160	Suite, Apt. #, etc. Suite 160
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34237	Country USA

30010438



05032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 87-0710273	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	
RICE, MELISSA K 1900 MAIN STREET SUITE 300 SARASOTA, FL 34231	
2801 Fruitville Rd Suite 160 Sarasota, FL 34237	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

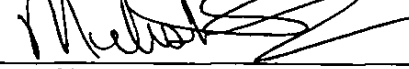
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	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 September 8, 2006	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	2801 Fruitville Rd, Ste 160 Sarasota, FL 34237 <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
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
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
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
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: 	6/9/06	941 954 1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #