

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90049 014 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L03000031705</b>                           |  |
| 1. Entity Name<br><b>FORGOTTEN COAST INVESTMENTS LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>359 BRUCE ST.<br/>ST GEORGE ISLAND FL 32328</b> | Mailing Address<br><b>359 BRUCE ST.<br/>ST GEORGE ISLAND FL 32328</b> |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business<br><b>351 BRUCE ST</b> | 3. Mailing Address<br><b>351 BRUCE ST</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.                       |

1st MOORE CR2E083 (10/04)


|  |   |
|--|---|
| City & State<br><b>ST. George Island, FL</b> | City & State<br><b>ST George Island, FL</b> |
| Zip<br><b>32328</b>                          | Zip<br><b>32328</b>                         |
| Country<br><b>USA</b>                        | Country<br><b>USA</b>                       |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>56-2392689</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br><b>KISLING, WILLIAM<br/>359 BRUCE ST.<br/>ST GEORGE ISLAND FL 32328</b> |
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|  |
|--|
| 7. Name and Address of New Registered Agent<br>Name <b>SAME</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>351 BRUCE ST</b><br>City <b>ST George Island, FL</b> Zip Code <b>32328</b> |
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|   |                     |
|---|---------------------|
| 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: <b>William Kislina</b>    | DATE <b>3/29/05</b> |

- Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)


DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KISLING, WILLIAM<br>359 BRUCE STREET<br>EASTPOINT FL 32328 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MEADOWS, JIM<br>2203 TAYLOR DRIVE<br>DALTON GA 30720 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KING, CHRIS<br>2950 WEST HIGHWAY 98<br>PORT SAINT JOE FL 32456 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KISLING, William<br>351 BRUCE ST<br>EASTPOINT, FL 32328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Roberts, Scott<br>359 BRUCE ST<br>EAST POINT, FL. 32328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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:         | DATE <b>3/29/05</b> | 8509274423H<br>403-280-1569C |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                     |                              |