2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-06-2004 90131 014 ****50.00

DOCUMENT # L03000040442

1. Entity Name
SUNCOAST VACATION RENTALS, L.L.C.

Principal Place of Business	Mailing Address
5901 SUN BLVD., SUITE 105 ST. PETERSBURG, FL 33715	5901 SUN BLVD., SUITE 105 ST. PETERSBURG, FL 33715

34003636

02102004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	111 Second Av. NE
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1001
City & State	City & State St Petersburg FL
Zip / Country	Zip 33701 / Country USA

4. FEI Number 45-0525755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTTER, HEATHER M
5901 SUN BLVD., SUITE 105
ST. PETERSBURG, FL 33715

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 111 Second Av NE Suite 1001
City St Petersburg FL Zip Code 33701

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] managing member 3/8/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE SUTTER GROUP, L.L.C. 5901 SUN BLVD., SUITE 105 ST. PETERSBURG, FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 111 Second Av NE Suite 1001 St Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] managing member 3/8/04 (727) 898-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #