


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90082 049 \*\*\*\*\*50.00

<b>DOCUMENT # L03000041269</b>					
<b>1. Entity Name</b> WEST COAST COMMUNITIES, LLC					
<b>Principal Place of Business</b> 6201 LEE ANN LANE NAPLES, FL 34109			<b>Mailing Address</b> 6201 LEE ANN LANE NAPLES, FL 34109		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  WOOD, DOUGLAS A 1000 NORTH TAMiami TRAIL SUITE 201 NAPLES, FL 34102				<b>7. Name and Address of New Registered Agent</b> Name <u>Michael J. Whalen</u> Street Address (P.O. Box Number is Not Acceptable) <u>6201 Lee Ann Lane</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34109</u>	
<b>4. FEI Number</b> <u>20-0350612</u>					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>4/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty]			MGRM Michael J. Whalen 6201 Lee Ann Lane Naples, FL 34109		
[Empty]			MGRM Steve Jacobs 940 Snowberry Court Marco Island, FL 34145		
[Empty]			MGRM Jerry L. Petersen 2395 Harmony Lane Unit 101 Naples, FL 34109		
[Empty]			[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>				Date: <u>4/28/04</u> Daytime Phone #: <u>(239) 514-3100</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					