

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2004 8:00 am
Secretary of State

06-11-2004 90022 003 ****50.00

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1. Entity Name
 WESTCOAST TRANSITIONS MARKETING, LLC

Principal Place of Business
 6811 NORTH MARIE AVENUE
 TAMPA, FL 33614

Mailing Address
 6811 NORTH MARIE AVENUE
 TAMPA, FL 33614

14023754



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0373411

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENENDEZ, ROBERT M
 6811 NORTH MARIE AVENUE
 TAMPA, FL 33614

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, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME TARPON COAST MARKETING SPECIALISTS, LLC
 STREET ADDRESS 6811 NORTH MARIE AVENUE
 CITY-ST-ZIP TAMPA, FL 33614

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME MCFARLIN, CHRISTOPHER
 STREET ADDRESS 19631 S.E. 15TH PLACE
 CITY-ST-ZIP MORRISTON, FL 32668

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Robert M Menendez* Robert M Menendez 6/5/04 813-240-3336
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #