


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000042182	
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
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01272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0373411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MENENDEZ, ROBERT M 6811 NORTH MARIE AVENUE TAMPA, FL 33614

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

000000206480
02/01/05-80008-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TARPON COAST MARKETING SPECIALISTS, LLC 6811 NORTH MARIE AVENUE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCFARLIN, CHRISTOPHER 19631 S.E. 15TH PLACE MORRISTON, FL 32668
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IN THIS SPACE**

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 **1-26-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #