2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 15, 2005
Secretary of State

DOCUMENT# L03000049085

Entity Name: WEST COAST INVESTMENTS, LLC

Current Principal Place of Business:

4424 COUNTY BREEZE DRIVE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

5125 GALLEON COURT
NEW PORT RICHEY, FL 34652

Current Mailing Address:

4424 COUNTY BREEZE DRIVE
NEW PORT RICHEY, FL 34652

New Mailing Address:

5125 GALLEON COURT
NEW PORT RICHEY, FL 34652

FEI Number: 02-0712793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LAWRENCE J. SPIEGEL, ESQ.

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: REHKOP, JASON
Address: 4424 COUNTY BREEZE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ST (X) Delete
Name: WEST, IVAN
Address: 4424 COUNTY BREEZE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: REHKOP, JASON
Address: 5125 GALLEON COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JASON REHOP MGR 12/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date