

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050264

FILED
Apr 28, 2005
Secretary of State

Entity Name: SUNCOAST INVESTMENT PROPERTIES LLC

Current Principal Place of Business:

1208 ASTOR COMMONS PLACE
SUITE #104
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

1208 ASTOR COMMONS PLACE
SUITE #104
BRANDON, FL 33511

New Mailing Address:

FEI Number: 26-0075686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOZZICATO, THOMAS F
1424 WINDJAMMER PLACE
SUITE L
VALRICO, FL 33594 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SARRIA, AGUSTIN J
Address: 1208 ASTOR COMMONS PLACE, SUITE #104
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: MOZZICATO, THOMAS F
Address: 1424 WINDJAMMER PLACE, SUITE L
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: REECE, ANGELA K
Address: 1208 ASTOR COMMONS PLACE, SUITE #104
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES:

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

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

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: AGUSTIN J SARRIA

MGRM

04/28/2005

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