

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051327

1. Entity Name
FIRST COAST LEGAL PR, LLC



Principal Place of Business
10151 DEERWOOD PARK BLVD.
BUILDING 200, SUITE 250
JACKSONVILLE, FL 32256 US

Mailing Address
10151 DEERWOOD PARK BLVD.
BUILDING 200, SUITE 250
JACKSONVILLE, FL 32256 US



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3644521

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PERKINS, DOUGLAS E
349 S ROSCOE BLVD
PONTE VEDRA BEACH, FL 32082

**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

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PERKINS, DOUGLAS E
10151 DEERWOOD PARK BLVD, BLDG 200 STE 250
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OLTEAN, CLAUDIA N
10151 DEERWOOD PARK BLVD, BLDG 200 STE 250
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SADEGHIAN, TRACY L
10151 DEERWOOD PARK BLVD, BLDG 200 STE 250
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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01/11/05-80031-011 50.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Douglas E Perkins 1/7/05 904-354-2223