

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054502

FILED
Apr 30, 2004
Secretary of State

Entity Name: NATURE COAST PROPERTY MANAGEMENT, L.C.

Current Principal Place of Business:

183 LEON
SUWANNEE, FL 32692

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 187
SUWANNEE, FL 32692

New Mailing Address:

FEI Number: 41-2123101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, SAMUEL E
516 W CANAL
SUWANNEE, FL 32692 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: EDWARDS, SAMUEL E
Address: P.O. BOX 452
City-St-Zip: SUWANNEE, FL 32692

Title: MGRM () Delete
Name: EDWARDS, ROBERT W
Address: P.O. BOX 142
City-St-Zip: SUWANNEE, FL 32692

ADDITIONS/CHANGES:

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: SAMUEL E. EDWARDS

MGRM

04/30/2004

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