

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016739

FILED
Jan 18, 2005
Secretary of State

Entity Name: FIRST COAST FINANCIAL ADVISORS, LLC

Current Principal Place of Business:

400 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

400 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Mailing Address:

PO DRAWER 3067
ST. AUGUSTINE, FL 32085

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMS, JEFFREY W
400 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

WILES, DOUGLASS F
400 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

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: DOUGLASS F. WILES

01/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HELMS, JEFFREY W
Address: 400 NORTH PONCE DE LEON BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM (X) Delete
Name: WILES, DOUGLASS F
Address: 400 NORTH PONCE DE LEON BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERBIE WILES INSURAN, CE, INC.
Address: 400 NORTH PONCE DE LEON BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

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: DOUGLASS F. WILES

PRES

01/18/2005

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