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Feb 25, 2005 8:00 am
Secretary of State
01-25-2005 90084 020 ****50.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000019147

1. Entity Name
SUNCOAST LAND HOLDINGS, LLC

30000614

Principal Place of Business	Mailing Address
18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088	18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088

01192005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
250 Rio Terra		250 Rio Terra	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Venice, Florida		City & State Venice, Florida	
Zip 34285	Country U.S.A.	Zip 34285	Country U.S.A

4. FEI Number 11-3714103 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WIDELIKIS, JOHN L ESQ. 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Thomas S. Junker 250 Rio Terra Venice, Florida 34285.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 1/20/05 941-480-0933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #