


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90057 017 ****55.00

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DOCUMENT # L04000020014 1. Entity Name FLORIDA-COASTAL INVESTMENT PROPERTIES LLC					
Principal Place of Business 11266 W. HILLSBOROUGH AVENUE SUITE 337 TAMPA, FL 33635 US			Mailing Address 11266 W. HILLSBOROUGH AVENUE SUITE 337 TAMPA, FL 33635 US		
2. Principal Place of Business Suite, Apt., etc. SAME City & State SAME Zip SAME		3. Mailing Address Suite, Apt., etc. SAME City & State SAME Zip SAME		01042005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0884544				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent FLORIDA INCORPORATOR 2730 WHITE SANDS DRIVE SUITE 3-A SARASOTA, FL 34231	
7. Name and Address of Now Registered Agent Name William S McGURK Street Address (P.O. Box Number is Not Acceptable) 11266 W. Hillsborough Av City TAMPA FL Zip Code 33635				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 William S McGurk <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/5/05	
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	MGRM MALONEY, THOMAS 15125 ARBOR HOLLOW DRIVE ODESSA, FL 33556	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRM William McGURK 11266 W. Hillsborough Av TAMPA FL 33635	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRM JOSEPH POITRE 11266 W. Hillsborough Av TAMPA FL 33635	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: William S McGurk <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 1/5/05 <small>Daytime Phone #</small>	