




FILED
Mar 17, 2005 8:00 am
Secretary of State

02-25-2005 90024 031 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

| | | |
|---|---------------------------------|---|
| DOCUMENT # L04000020976 1. Entity Name T. COAST, LLC | |  |
| Principal Place of Business 3020 S.W. 14TH PLACE, UNIT #1 BOYNTON BEACH, FL 33436 | | Mailing Address 946 EVE STREET DELRAY BEACH, FL 33483 |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | | City & State |
| Zip | Country | Zip |
| 6. Name and Address of Current Registered Agent GARDNER, DORA 946 EVE STREET DELRAY BEACH, FL 33483 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
| 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: 2-1-05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 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 MGRM NAME WROBLEWSKI, STEPHEN STREET ADDRESS 946 EVE STREET CITY-ST-ZIP DELRAY BEACH, FL 33483 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME GARDNER, DORA STREET ADDRESS 946 EVE STREET CITY-ST-ZIP DELRAY BEACH, FL 33483 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <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:  DATE: 2-1-05 (561) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | 736-5101 <small>Daytime Phone #</small> |

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01252005 Chg-LLC CR2E083 (10/03)

4. FEI Number **81-0646406** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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