

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90049 017 \*\*\*\*50.00

**DOCUMENT # L04000025962**

1. Entity Name  
**WEST COAST RESIDENTIAL RENTAL PROPERTIES, LLC**



Principal Place of Business  
**1 SLEIMAN PARKWAY  
270  
JACKSONVILLE, FL 32216**

Mailing Address  
**1 SLEIMAN PARKWAY  
270  
JACKSONVILLE, FL 32216**

**14016761**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**13-4277993**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, BERNARD E  
1 SLEIMAN PARKWAY  
270  
JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent

Name  
**Peter D. Sleiman**  
Street Address (P.O. Box Number is Not Acceptable)  
**1 Sleiman Parkway**  
Suite 270  
City **Jacksonville** **FL** Zip Code **32216**

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

Signature, typed or printed name of registered agent and title if applicable.

**Peter D. Sleiman**

**1/19/05**

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
SLEIMAN, ANTHONY T  
1 SLEIMAN PARKWAY, SUITE 270  
JACKSONVILLE, FL 32216** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SLEIMAN, PETER D  
1 SLEIMAN PARKWAY, SUITE 270  
JACKSONVILLE, FL 32216** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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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:**

**Peter D. Sleiman**

**1/19/05**

**(904) 731-8806**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #