## 2006 LIMITED LIABILITY COMPANY

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## ANNUAL REPORT

DOCUMENT # L04000026352 GOLD COAST ENTERPRISES, LLC

Mailing Address P.O. BOX 766

OLDSMAR, FL 34677

Principal Place of Business 16507 TURNBURY OAK DR. ODESSA, FL 33556

**FILED** Apr 10, 2006 08:00 AM Secretary of State



03042006 No Chg-LLC

GR2E083 (11/05)

4. FEI Number 20-0996592

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

FERNANDEZ, JOSE R 16507 TURNBURY OAK DR. ODESSA, FL 33556

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<ol> <li>The above named entity submits this statement for the p the obligations of registered agent.</li> </ol>	urpose of changing its registered office	se or registered agent, or both, in the St	ate of Florida. I am familiar with, and acc	ept
COLLEGE		1		
SIGNATURE Signature, typed or printed name of registered agent and its it	applicable. [NOTE: Registered Agent s	(grature required when reinsteing)	DATE	
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## Filing Fee is \$50.00 Due by May 1, 2006

U00000500293 04/25/06-80015-015-50.00

y	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	FERNANDEZ, JOSE R		
STREET ADDRESS	16507 TURNBURY OAK DR.		
CITY-ST-ZIP	ODESSA, FL 33556		
TITLE	MGRM		
NAME	FERNANDEZ, LINDA T		
STREET ADDRESS	16507 TURNBURY OAK DR.		
CITY-ST-ZIP	ODESSA, FL 33556		
TITLE			
NAME			
STREET ADDRESS			
CHY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-IJP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TAFLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exingle and that my signature shall have the said			

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I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119. 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 6037 Florida Statutes.

SIGNATURE: LINDA FERNANDEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AU

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