

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028211

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: SUNCOAST INDEPENDENT, LLC

## Current Principal Place of Business:

1945 NORTHGATE BLVD.  
SARASOTA, FL 34234

## New Principal Place of Business:

2989 FRUITVILLE ROAD  
101  
SARASOTA, FL 34237

## Current Mailing Address:

1945 NORTHGATE BLVD.  
SARASOTA, FL 34234

## New Mailing Address:

2989 FRUITVILLE ROAD  
101  
SARASOTA, FL 34237

FEI Number: 65-0209424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REED, SCOTT  
1945 NORTHGATE BLVD.  
SARASOTA, FL 34234 US

## Name and Address of New Registered Agent:

REED, SCOTT  
2989 FRUITVILLE ROAD  
101  
SARASOTA, FL 34237 US

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.

SIGNATURE: SCOTT REED

01/03/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: NASH, DAVID  
Address: 3458 ANGLIN DRIVE  
City-St-Zip: SARASOTA, FL 34242

Title: MGR ( ) Delete  
Name: REED, SCOTT  
Address: 2808 60TH AVE WEST UNIT 1002  
City-St-Zip: BRADENTON, FL 34208

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID NASH

MGR

01/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date