

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034566

FILED
Jul 05, 2005
Secretary of State

Entity Name: GOLD COAST PARTNERS, L.L.C.

Current Principal Place of Business:

33 LAMOUR LANE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2030
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 55-0872855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NOWELL, SIDNEY M ESQ.
300 N. STATE STREET
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CABROL, PATRICK
Address: P.O. BOX 2030
City-St-Zip: BUNNELL, FL 32110

Title: MGRM () Delete
Name: SABBAT, REGINALD
Address: P.O. BOX 2030
City-St-Zip: BUNNELL, FL 32110

Title: MGRM () Delete
Name: ST. VICTOR EUGENE,
Address: P.O. BOX 2030
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: GUERLINE SABBAT

MGRM

07/05/2005

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