

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000034566 1. Entity Name GOLD COAST PARTNERS, L.L.C.	
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Principal Place of Business 33 LAMOUR LANE PALM COAST, FL 32137	Mailing Address P.O. BOX 2030 BUNNELL, FL 32110
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DO NOT WRITE IN THIS SPACE



02172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0872855	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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) **(NOTE: Registered Agent signature required when reinstating)** **DATE** _____

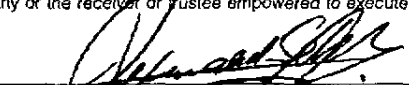
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABROL, PATRICK P.O. BOX 2030 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABBAT, REGINALD P.O. BOX 2030 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ST. VICTOR EUGENE P.O. BOX 2030 BUNNELL, FL 32110
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03/15/06-00034-021 50.00

11. I hereby certify that the information supplied with this filing 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 608, Florida Statutes.

SIGNATURE:  **REGINALD SABBAT** **2/17/06** **386-986-9396**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #