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.

Principal Place of Business	Mailing Address
33 LAMOUR LANE PALM COAST, FL 32137	P.O. BOX 2030 BUNNELL, FL 32110

02172006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

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

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03/15/06-00034-021 50.00

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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 2/17/06 386-986-9596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #