


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000037229	
1. Entity Name PALM COAST MANAGEMENT GROUP, LLC	

Principal Place of Business 1 PALM HARBOR PARKWAY PALM COAST, FL 32137	Mailing Address 1 PALM HARBOR PARKWAY PALM COAST, FL 32137
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01102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1131663	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KLAUS, ALFRED 1 PALM HARBOR PARKWAY PALM COAST, FL 32137
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**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 KLAUS, ALFRED SR 1 PALM HARBOR PARKWAY PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLAUS, RACHEL 1 PALM HARBOR PARKWAY PALM COAST, FL 32137
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04/18/06-80044-004 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 605, Florida Statutes.

SIGNATURE: X *Alfred Klaus* X 3-30-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #