

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037229

FILED
Apr 24, 2009
Secretary of State

Entity Name: PALM COAST MANAGEMENT GROUP, LLC

Current Principal Place of Business:

101 PALM HARBOR PARKWAY
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

101 PALM HARBOR PARKWAY
120
PALM COAST, FL 32137

New Mailing Address:

101 PALM HARBOR PARKWAY
SUITE #120
PALM COAST, FL 32137

FEI Number: 20-1131663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLAUS, ALFREDO
101 PALM HARBOR PARKWAY
120
PALM COAST, FL 32137 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: KLAUS, ALFREDO SR
Address: 101 PALM HARBOR PARKWAY
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: KLAUS, RACHEL
Address: 101 PALM HARBOR PARKWAY #120
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KLAUS, ALFREDO SR
Address: 101 PALM COAST PARKWAY
City-St-Zip: PALM COAST, FL 32137

Title: MGRM (X) Change () Addition
Name: KLAUS, RACHEL
Address: 101 PALM COAST PARKWAY, SUITE 120
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify 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: JILL WILDER

BKKP

04/24/2009

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