2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# L04000048814

Entity Name: FELL GULF COAST, LLC

Current Principal Place of Business:

119 SECOND STREET NORTH
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

119 SECOND STREET NORTH
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 30-0268142 **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:

FELL, IAN
119 SECOND STREET NORTH
ST. PETERSBURG, FL 33701 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: FELL, IAN
Address: 119 SECOND STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: MGRM ( ) Delete
Name: PIERCE, CLAIRE
Address: 119 SECOND STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: PEARCE, CLAIRE
Address: 119 SECOND STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the 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: IAN M FELL MR 09/05/2006

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