2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L04000049196 Feb 06, 2006 08:00 AN **Secretary of State** MN SUNCOAST INVESTMENT LLC Principal Place of Business Mailing Address 1934 EAST CROWN POINTE 1934 EAST CROWN POINTE NAPLES FL 34112 US NAPLES FL 34112 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FFI Number Applied For **NO-T APPLICABLE** Not Applicab Zip Country Ζιρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GLOBAL EXPANSION & CONSULTING LLC Street Address (P.O. Box Number is Not Acceptable) 100 SE SECOND STREET **SUITE 2610** MIAMI FL 33131 City Zip Code 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 SIGNATURE Signature. Notest or profiled name of registered agont and title it applies able. (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ☐ Delete THLE ☐ Change Advis. TITLE MGRM NAME NAME NICOLET, MARGOT U00000423499 STREET ADDRESS STREET ADDRESS 1934 EAST CROWN POINTE 02/18/06-80012-005 50.00 CITY-ST-ZIP CITY - ST - 7IP NAPLES FL 34112 ☐ Change Addita ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST ZIP CITY - ST - ZIP 🔲 Delele TITLE TITLE ☐ Change Addili-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TI Change ☐ Addisi ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additi TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Add** Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: