2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State
01-13-2005 90015 010 ****55.00

1

DOCUMENT # L04000054329

1. Entity Name
ALL COAST INVESTMENTS, LLC

Principal Place of Business	Mailing Address
1102 W. INDIANTOWN ROAD SUITE 7 JUPITER, FL 33458	1102 W. INDIANTOWN ROAD SUITE 7 JUPITER, FL 33458

01102005 Chg-LLC . CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1005 W. INDIANTOWN RD.		1005 W. INDIANTOWN RD	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101	
City & State JUPITER FL		City & State JUPITER FL	
Zip 33458	Country USA	Zip 33458	Country USA

4. FEI Number 20-1392922 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, PETER M
1102 W. INDIANTOWN ROAD
SUITE 7
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1005 WEST INDIANTOWN ROAD
SUITE 101
City JUPITER FL Zip Code 33458

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] 1-10-05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, PETER M 1102 W. INDIANTOWN ROAD SUITE 7 JUPITER, FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1005 WEST INDIANTOWN RD. #101 Jupiter FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, KERI A 1102 W. INDIANTOWN ROAD SUITE 7 JUOITER, FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1005 WEST INDIANTOWN RD #101 JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 1-10-05 561-630-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #