

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063912

Entity Name: FIRST COAST TRUST, LLC

FILED  
Jan 05, 2006  
Secretary of State

**Current Principal Place of Business:**

6550 ST AUGUSTINE RD.  
305  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

1526 UNIVERSITY BLVD W  
#172  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

FEI Number: 20-1577875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PATRICK, HOWARD  
4010 NW 25TH PLACE  
GAINESVILLE, FL 32606 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: MGR ( ) Delete  
Name: PATRICK, KEVIN  
Address: 1526 UNIVERSITY BLVD W, #172  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: MGRM ( ) Delete  
Name: PATRICK, HOWARD  
Address: 1526 UNIVERSITY BLVD W, #172  
City-St-Zip: JACKSONVILLE, FL 32217 US

**ADDITIONS/CHANGES:**

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

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

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: KEVIN PATRICK

CEO

01/05/2006

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