


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000064227 1. Entity Name WEST COAST GROUP, LLC	
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Principal Place of Business 1000 NORTH TAMiami TRAIL SUITE 201 NAPLES, FL 34102	Mailing Address 1000 NORTH TAMiami TRAIL SUITE 201 NAPLES, FL 34102
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01162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1566793	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WOOD, DOUGLAS A 1000 NORTH TAMiami TRAIL SUITE 201 NAPLES, FL 34102

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000730114
01/23/08-80023-001 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLENDORE, DON 1000 NORTH TAMiami TRAIL, SUITE 201 NAPLES, FL 34102
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *West Coast Group LLC by Don Mulledore mgr.* *1/16/08* *540-449-9377*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #