


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90008 027 \*\*\*\*55.00

<b>DOCUMENT # L04000080418</b>	
1. Entity Name FLORIDA COASTAL LABS, LLC	

Principal Place of Business 5401 SOUTH KIRKMAN ROAD, SUITE 310 ORLANDO, FL 32819	Mailing Address 5401 SOUTH KIRKMAN ROAD, SUITE 310 ORLANDO, FL 32819
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2. Principal Place of Business 96 WILLARD ST. SUITE 101 ORLANDO, FL 32922 USA	3. Mailing Address 96 WILLARD ST. SUITE 101 ORLANDO, FL 32922 USA
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04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1857089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  DICKINSON, DAVID L 433 MOORE PARK LANE MERRITT ISLAND, FL 32952	7. Name and Address of New Registered Agent Name <u>DICKINSON, DAVID L</u> Street Address (P.O. Box Number is Not Acceptable) <u>96 WILLARD ST., SUITE 101</u> City <u>ORLANDO</u> FL <u>32922</u>
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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 David L. Dickinson, MGR DATE 4/27/06

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICKINSON, DAVID L 433 MOORE PARK LANE MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICKINSON, DAVID L 1511 ROCKLIDGE DR ROCKLIDGE, FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINS, BARRY 1203 EGRET AVENUE FT. PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREASEY, DAVID 505 FAIRWAY CIRCLE APT 306A VERO BEACH, FL 77372 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREASEY, DAVID 163 RAINBOW ST MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, RUSSELL M 5401 SOUTH KIRKMAN ROAD, SUITE 310 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, RUSSELL M 96 WILLARD ST, SUITE 101 ORLANDO, FL 32922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David L. Dickinson DATE 4/27/06 321 639077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE