### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L04000083423**

1. Entity Name COAST SRS, L.L.C.



Principal Place of Business

Mailing Address

5514 PARK BOULEVARD PINELLAS PARK, FL 33781

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5514 PARK BOULEVARD PINELLAS PARK, FL 33781

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### FILED Mar 23, 2006 08:00 AM Secretary of State



02082008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2090600 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

ENGLANDER, LEONARD S-721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33731

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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 lamillar with, and accept
	the obligations of registered agent.
_	TONIATIONS .

(NOTE: Registered Agent signature required when reinstating)

#### Filing Fee is \$50.00 Due by May 1, 2006

13000001478459 04/08/06-80006-019 50.00

DATE

8.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BRODERICK, ROGER B
STITLET ADDRESS	5514 PARK BOULEVARD
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	MGR
NAME	STROSS, JOHN E
STREET ADDRESS	3010 82ND WAY NO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
7133.E	MGR
NAME	THE BURG INVESTMENTS, INC
STREET ADDRESS	150 SECOND AVE N STE 1600
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
IIILE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	· ·
ISTLE	
NAME	·
STREET ADDRESS	
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11. I hereby certify that the information supplied with this filling 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPE OF PHINTED NAME OF SUSTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/13/06

727-544-1403

Daytime Phone #