

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084975

FILED
Feb 05, 2005
Secretary of State

Entity Name: PALM COAST PARTNERS, LLC

Current Principal Place of Business:

317 ST. GEORGE STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

317 ST. GEORGE STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-1925216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILCOX, CHRIS
317 ST. GEORGE STREET
ST. AUGUSTINE, FL 32084 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/MEMBERS:

Title: MGRM () Delete
Name: DELLAVALLE, SUZANNE
Address: 421 MARSH POINT CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: DEBEWEDICTY, JUDY
Address: 60 SURFVIEW DR., #122
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: WHITE-PHILCOX, WENDY
Address: 317 ST. GEORGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: DEBENEDICTY, JUDY
Address: 60 SURFVIEW DR., #122
City-St-Zip: PALM COAST, FL 32137

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 Section 119.07(3)(i), 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: WENDY WHITE-PHILCOX

MGRM

02/05/2005

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