

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084975

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** PALM COAST PARTNERS, LLC

**Current Principal Place of Business:**

417 FIDDLERS POINT DR  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

417 FIDDLERS POINT DR  
ST. AUGUSTINE, FL 32080

**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  
417 FIDDLERS POINT DR  
ST. AUGUSTINE, FL 32080 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:** MGRM  
**Name:** DEBENEDICTY, JUDY  
**Address:** 60 SURFVIEW DR., #122  
**City-St-Zip:** PALM COAST, FL 32137

**Title:** MGRM  
**Name:** WHITE-PHILCOX, WENDY  
**Address:** 417 FIDDLERS POINT DR  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** MGRM  
**Name:** PHILCOX, CHRIS  
**Address:** 417 FIDDLERS POINT DR  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

I hereby 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:** CHRIS PHILCOX

MGRM

02/25/2010

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