

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90055 032 ****50.00

DOCUMENT # L04000085679

1. Entity Name
SUNCOAST PROPERTY MANAGEMENT, LLC



Principal Place of Business
**ONE CLEARLAKE CENTRE
250 S. AUSTRALIAN AVE., SUITE 1603
WEST PALM BEACH, FL 33401**

Mailing Address
**ONE CLEARLAKE CENTRE
250 S. AUSTRALIAN AVE., SUITE 1603
WEST PALM BEACH, FL 33401**

2. Principal Place of Business
8944 ALEXANDRA CIRCLE

3. Mailing Address
P.O. BOX 212407

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WELLINGTON FL

City & State
ROYAL PALM BEACH FL

Zip
33414

Country
Palm Beach

Zip
33421

Country
PALM BEACH

07172005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1452525

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEBSTER, DENA
250 S. AUSTRALIAN AVE., SUITE 1603
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
DENA WEBSTER

Street Address (P.O. Box Number is Not Acceptable)

9662 SHEPARD PL

City
WELLINGTON

FL

Zip Code
33414

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WEBSTER, DENA
250 S. AUSTRALIAN AVE., SUITE 1603
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ZWIBEL, NICOLE
250 S. AUSTRALIAN AVE., SUITE 1603
WEST PALM BEACH, FL 33401** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DENA WEBSTER
9662 SHEPARD PL
WELLINGTON FL 33414** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**BARBARA BURTON MRM
510 W. 3RD ST
FLORA, IL 62839** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

7-16-05

561-252-6218

Date

Daytime Phone #