

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085679

FILED
May 02, 2007
Secretary of State

Entity Name: SUNCOAST PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

4280 SAN MARINO BLVD
101
WEST PALM BEACH, FL 33414

New Principal Place of Business:

Current Mailing Address:

PO BOX 212407
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 20-1952525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEBSTER, DENA
9662 SHEPARD
WELLINGTON, FL 33414 US

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 () Delete
Name: WEBSTER, DENA
Address: 9662 SHEPARD PL
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: BURTON, BARBARA
Address: 9662 SHEPARD PLACE
City-St-Zip: WELLINGTON, IL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEBSTER, DENA
Address: P. O. BOX 212407
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: MGRM (X) Change () Addition
Name: SNELL, DEREK
Address: P. O. BOX 212407
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DENA WEBSTER

MGRM

05/02/2007

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