2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000088680

1. Entity Name

SUNCOAST ESTATES IMPROVEMENTS, LLC



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

602-B CENTER ROAD FORT MYERS, FL 33907 Mailing Address

602-B CENTER ROAD FORT MYERS, FL 33907



DO NOT WRITE IN THIS SPACE

04102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 83-0413488 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVER, STUART W 602-B CENTER ROAD FORT MYERS, FL 33907

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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 tarnillar 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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR SILVER, STUART W 602-B CENTER ROAD FORT MYERS, FL 33907 MGRM HAYES, GARY W 602-B CENTER ROAD FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the ex

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11. I hereby certify that the information supplied with this filting 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

4/10/08

(35)768-1234

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

Date

Daytme Phone #