

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000092968	
1. Entity Name FIRST COAST DEVELOPERS GROUP, LLC	



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 OCT 14 AM 8:20

Principal Place of Business 65 MASTERS DRIVE ST AUGUSTINE, FL 32084	Mailing Address 65 MASTERS DRIVE ST AUGUSTINE, FL 32084
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2. Principal Place of Business 300 S Ponce Blvd Suite, Apt. #, etc. DeLeon	3. Mailing Address 300 S Ponce Blvd Suite, Apt. #, etc. DeLeon
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09282005 REIN-LLC CR2E101 (6/04)

City & State St Augustine	City & State St Augustine
Zip 32084	Zip 32084
Country St John	Country St John

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GIZA, FRANK 65 MASTERS DRIVE ST AUGUSTINE, FL 32084	
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7. Name and Address of New Registered Agent Name: Don Mergener Street Address (P.O. Box Number is Not Acceptable): 300 S Ponce Blvd City: St Augustine FL Zip Code: 32084	
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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: Don Mergener DATE: 8/1/05  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIZA, FRANK 65 MASTERS DRIVE ST AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGGIACOMO, STEVE 65 MASTERS DRIVE ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERGENER, DON 65 MASTERS DRIVE ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Chairman Norman Lapp 300 S Ponce Blvd St Aug, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Vice Chairman Don Mergener 300 S Ponce Blvd St Aug, FL 32084 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, MGRM Allegre 4860 W. 1st St Hastings, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Don Mergener DATE: 8/1/05 (984) 824-5907  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE