

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004563

FILED
Apr 12, 2006
Secretary of State

Entity Name: FIRST COAST FRIENDS, L.L.C.

Current Principal Place of Business:

2747 ART MUSEUM DRIVE, SUITE 100
JACKSONVILLE, FL 32207

New Principal Place of Business:

1965 BEACHWAY ROAD
SUITE 109
JACKSONVILLE, FL 32207 US

Current Mailing Address:

2747 ART MUSEUM DRIVE, SUITE 100
JACKSONVILLE, FL 32207

New Mailing Address:

1965 BEACHWAY ROAD
SUITE 109
JACKSONVILLE, FL 32207 US

FEI Number: 59-3060241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE NORTHEAST FLORIDA EXCHANGE CLUB CENTER
FOR THE PREVENTION OF CHILD ABUSE, INC.
2747 ART MUSEUM DRIVE, SUITE 100
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

THE NORTHEAST FLORIDA EXCHANGE CLUB CENTER
FOR THE PREVENTION OF CHILD ABUSE, INC.
1965 BEACHWAY ROAD, SUITE 109
JACKSONVILLE, FL 32207 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:

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: TRENT, EDWARD MR.
Address: 50 N. LAURA STREET, SUITE 2500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM () Change (X) Addition
Name: HESS, JR., DAVID MR.
Address: 3295 OLD BARN ROAD E.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Change (X) Addition
Name: IRVIN, CHANCE MS.
Address: 2099 WINTERBORNE STREET #206
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGRM () Change (X) Addition
Name: SIMPSON, MARJORIE MS.
Address: 1875 INLET COVE COURT
City-St-Zip: ORANGE PARK, FL 32003 US

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD TRENT

MGRM

04/12/2006

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