

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005085

FILED
Feb 11, 2009
Secretary of State

Entity Name: SUNCOAST REALTY GROUP LLC

Current Principal Place of Business:

2030 SOUTH OCEAN DRIVE, SUITE 2009
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

2030 SOUTH OCEAN DRIVE, SUITE 2009
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 20-2190350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASER, CORI D
2030 S OCEAN DR STE 2009
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: FRASER, CORI D
Address: 2030 SOUTH OCEAN DRIVE, SUITE 101
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: ST () Delete
Name: FRASER, JODIE
Address: 2030 SOUTH OCEAN DRIVE, SUITE 101
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FRASER, CORI D
Address: 2030 SOUTH OCEAN DRIVE, SUITE 2009
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: ST (X) Change () Addition
Name: FRASER, JODIE
Address: 2030 SOUTH OCEAN DRIVE, SUITE 2009
City-St-Zip: HALLANDALE BEACH, FL 33009

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: CORI FRASER

MGR

02/11/2009

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