


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90037 008 ****55.00

DOCUMENT # L05000005839	
1. Entity Name WEST COAST GRADING, LLC	

Principal Place of Business 2901 WOODWARD AVE NORTH PORT, FL 34286 US	Mailing Address 2901 WOODWARD AVE NORTH PORT, FL 34286 US
---	---

40070419

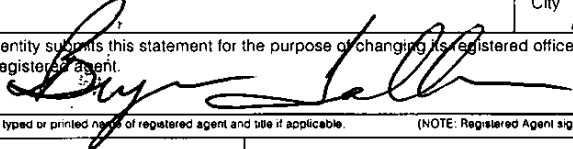


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent MARK PROBERT GRADING, INC 17203 48TH COURT NORTH LOXAHATCHEE, FL 33470	
--	--

7. Name and Address of New Registered Agent	
Name Bryan Tallman	
Street Address (P.O. Box Number is Not Acceptable) 2865 Woodward Ave	
City North Port	FL 34286

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 	DATE 4/16/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK PROBERT GRADING INC 2901 WOODWARD AVE NORTH PORT, FL 34286 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	m GRM Bryan Tallman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2865 Woodward Ave North Port Fla 34286 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE 	DATE 4/16/07
---	------------------------