
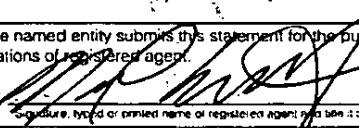
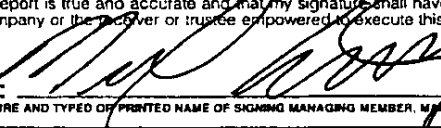


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90023 026 \*\*\*\*50.00

<b>DOCUMENT # L05000008087</b> 1. Entity Name <b>GOLD COAST AUTOS LC</b>			
Principal Place of Business <b>380 BAYBERRY DR POLK CITY FL 33868</b>		Mailing Address <b>380 BAYBERRY DR POLK CITY FL 33868</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>9600 S B. 33 North</b> Suite, Apt. #, etc.	
City & State <b>Polk City FL</b>		4. FEI Number <b>593693493</b>	
Zip <b>33868</b>		Country <b>Polk</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CROMMETT, MICHAEL 380 BAYBERRY DR POLK CITY FL 33868</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>2-17-06</b> <small>(Signature, typed or printed name of registered agent and box is applicable. (NOTE: Registered Agent's signature is required when renouncing))</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b> <input checked="" type="checkbox"/> Delete NAME <b>PLUMMER, MARSHIA</b> STREET ADDRESS <b>380 BAYBERRY DR</b> CITY-ST-ZIP <b>POLK CITY FL 33868</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>CROMMETT, MICHAEL</b> STREET ADDRESS <b>380 BAYBERRY DR</b> CITY-ST-ZIP <b>POLK CITY FL 33868</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>MGRM</b> <input type="checkbox"/> Delete NAME <b>HAHN, ROBERT</b> STREET ADDRESS <b>1031 NORTH E. ST.</b> CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <b>2-17-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			



ATTACHMENT  
30003666

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

GOLD COAST AUTOS LC  
9600 SR 33 NORTH  
POLK CITY, FL 33868

Subject: **GOLD COAST AUTOS LC**

Reference Number: **L05000008087**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cd

ANNUAL REPORTS SECTION