

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90176 043 ****50.00

DOCUMENT # L05000013412

1. Entity Name
FIRST COAST EQUITY HOLDINGS, LLC



Principal Place of Business
343 EAST CHURCH STREET
JACKSONVILLE, FL 32202

Mailing Address
343 EAST CHURCH STREET
JACKSONVILLE, FL 32202

2. Principal Place of Business - No P.O. Box #
5458 Stanford Rd.
Suite, Apt. #, etc.

3. Mailing Address
5458 Stanford Rd.
Suite, Apt. #, etc.



03172007 Chg-LLC CR2E083 (12/06)

City & State
Jacksonville, FL
Zip **32207** **Country** **USA**

City & State
Jacksonville, FL
Zip **32207** **Country**

4. FEI Number
01-0826654
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

COBB, CHRISTOPHER M ESQ.
1301 RIVERPLACE BLVD
SUITE 1700
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name **Christopher M. Cobb Esq.**
Street Address (P.O. Box Number is Not Acceptable)
5458 Stanford Rd.
City **Jacksonville** **FL** **Zip Code** **32207**

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-07

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ **Delete**
NAME **COBB, CHRISTOPHER M**
STREET ADDRESS **343 EAST CHURCH STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **MGRM** ☐ **Delete**
NAME **COBB, CHARLES S**
STREET ADDRESS **1029 W. HERITAGE CLUB CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ **Change** ☐ **Addition**
NAME **Christopher M. Cobb**
STREET ADDRESS **5458 Stanford Rd.**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/17/07 (561) 707-0283