

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90018 033 \*\*\*\*50.00

**DOCUMENT # L05000018145**

1. Entity Name  
**FORGOTTEN COAST VENTURES, LLC**



Principal Place of Business  
**455 N. INDIAN ROCKS ROAD  
 BELLEAIR BLUFFS, FL 33770**

Mailing Address  
**455 N. INDIAN ROCKS ROAD  
 BELLEAIR BLUFFS, FL 33770**

2. Principal Place of Business  
**1180 Ponce De Leon Blvd.  
 Suite 201**


3. Mailing Address  
**1180 Ponce De Leon Blvd.  
 Suite 201**

City & State  
**Clearwater, FL.**

City & State  
**Clearwater, FL.**

Zip  
**33756**

Country  
**USA**



04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2649713**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ARSENAULT, KENNETH G JR  
 10225 ULMERTON ROAD  
 SUITE 2  
 LARGO, FL 33771**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

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

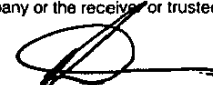
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELTMAN, GREG D 455 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, JOHN 455 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Veltman, Greg D. 1180 Ponce De Leon Blvd. Suite 201 Clearwater, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Thomas, John 1180 Ponce De Leon Blvd, Suite 201 Clearwater, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:**  **Greg D. Veltman** **4/26/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #