

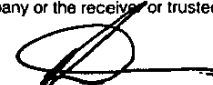


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L05000018145</b> 1. Entity Name <b>FORGOTTEN COAST VENTURES, LLC</b>					
Principal Place of Business <b>455 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770</b>			Mailing Address <b>455 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770</b>		
2. Principal Place of Business <b>1180 Ponce De Leon Blvd.</b> Suite, Apt. #, etc. <b>Suite 201</b> City & State <b>Clearwater, FL.</b> Zip <b>33756</b>		3. Mailing Address <b>1180 Ponce De Leon Blvd.</b> Suite, Apt. #, etc. <b>Suite 201</b> City & State <b>Clearwater, FL.</b> Zip <b>33756</b>			
4. FEI Number <b>20-2649713</b>		04262006    Chg-LLC    CR2E083 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>ARSENAULT, KENNETH G JR 10225 ULMERTON ROAD SUITE 2 LARGO, FL 33771</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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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 Veltman, Greg D. 1180 Ponce De Leon Blvd. Suite 201 Clearwater, FL 33756
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	MGRM Thomas, John 1180 Ponce De Leon Blvd, Suite 201 Clearwater, FL 33756
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	
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.					
<b>SIGNATURE:</b>  <b>Greg D. Veltman</b> 4/26/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					