

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90010 031 \*\*\*\*55.00

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| <b>DOCUMENT # L05000023227</b>  |  |  |   |  |   |
| <b>1. Entity Name</b><br>WEST COAST LAND SERVICES, LLC  |  |  |   |  |   |
| <b>Principal Place of Business</b><br>16255 SR 62<br>PARRISH, FL 34219  |  |  | <b>Mailing Address</b><br>P.O. BOX 126<br>PARRISH, FL 34219 |  |   |
| <b>2. Principal Place of Business</b>   |  |  | <b>3. Mailing Address</b>                                   |  |   |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.   |  |   |
| City & State  |  |  | City & State  |  |   |
| Zip   |  | Country  |   | Zip  |   |
| Country   |  | Country  |   | 03272006    Chg-LLC    CR2E083 (11/05)   |   |
| <b>4. FEI Number</b><br>20-245040   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                         |   |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |  |  |   | <b>\$5.00 Additional Fee Required</b>  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>KEARNEY, DANIEL<br>1329 US HIGHWAY 301<br>PALMETTO, FL 34221  |  |  | <b>7. Name and Address of New Registered Agent</b>          |  |   |
| Name  |  |  | Name  |  |   |
| Street Address (P.O. Box Number is Not Acceptable)  |  |  | Street Address (P.O. Box Number is Not Acceptable)          |  |   |
| City  |  |  | City  |  |   |
| FL  |  |  | Zip Code  |  |   |
| <b>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.</b>  |  |  |   |  |   |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____   |  |  |   |  |   |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |  | <b>Make check payable to Florida Department of State</b> |   |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>                                |  |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGRM<br>KIPP, ROBERT E<br>16255 SR 62<br>PARRISH, FL 34219 | <input type="checkbox"/> Delete                          |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGRM<br>KIPP, MALINDA<br>16255 SR 62<br>PARRISH, FL 34219  | <input type="checkbox"/> Delete                          |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete                          |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete                          |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete                          |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete                          |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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 606, Florida Statutes.</b> |  |  |   |  |   |
| <b>SIGNATURE:</b> _____   |  |  |   | 4-13-06  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  |   | Date    Daytime Phone #  |   |