2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State
05-22-2006 90207 025 ****55.00

DOCUMENT # L05000029818

1. Entity Name
SPACE COAST LLC

Principal Place of Business	Mailing Address
3345 S. WASHINGTON AVENUE, SUITE B TITUSVILLE, FL 32780	3345 S. WASHINGTON AVENUE, SUITE B TITUSVILLE, FL 32780

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04032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2549525
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GODFREY, MARK I
3345 S. WASHINGTON AVENUE, SUITE B
TITUSVILLE, FL 32780

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GODFREY, MARK I
STREET ADDRESS	3345 S. WASHINGTON AVENUE, SUITE B
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	MGRM
NAME	LICHTY, DEWEY A
STREET ADDRESS	3345 S. WASHINGTON AVENUE, SUITE B
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mark I Godfrey 4-4-06 3213833363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #