


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90224 045 ****50.00

DOCUMENT # L05000032493 1. Entity Name ISLAND COAST HOLDINGS, LLC					
Principal Place of Business 1519 SW 53RD TERRACE CAPE CORAL, FL 33914			Mailing Address 1519 SW 53RD TERRACE CAPE CORAL, FL 33914		
2. Principal Place of Business 912 NW 3rd Ave		3. Mailing Address Suite, Apt. #, etc.			
City & State Cape Coral FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-2610854	
Zip 33993		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, ESMOND J ESQ PAVESE LAW FIRM 4635 S DEL PRADO BLVD CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Sandra L. Caulfield Street Address (P.O. Box Number is Not Acceptable) 912 NW 3rd Ave City Cape Coral FL Zip Code 33993		
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 <i>[Signature]</i> 022206 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAULFIELD, DAVID F 4640 SW 53RD TERRACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAULFIELD, SANDRA L 1519 SW 53RD TERRACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAULFIELD, SANDRA L 1519 SW 53RD TERRACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAULFIELD, SANDRA L 1519 SW 53RD TERRACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAULFIELD, SANDRA L 1519 SW 53RD TERRACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAULFIELD, SANDRA L 1519 SW 53RD TERRACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete <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: <i>[Signature]</i> 022206 239 5739085 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> Sandra L. Caulfield					

20011656



02222006 Chg-LLC CR2E083 (11/05)