
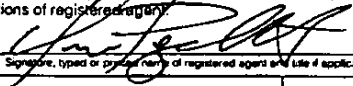


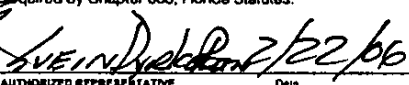


**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

02-27-2006 90424 009 \*\*\*\*50.00

DOCUMENT # L05000044944			
1. Entity Name ROYAL COAST OF SUWANNEE, LLC			
Principal Place of Business 20725 SW 46TH AVENUE NEWBERRY, FL 32669 US		Mailing Address 20725 SW 46TH AVENUE NEWBERRY, FL 32669 US	
2. Principal Place of Business <b>7328 WEST UNIVERSITY AVEN.</b>		3. Mailing Address <b>7328 WEST UNIVERSITY AVEN.</b>	
Suite, Apt. #, etc. <b>SUITE G</b>		Suite, Apt. #, etc. <b>SUITE G</b>	
City & State <b>GAINESVILLE FLORIDA</b>		City & State <b>GAINESVILLE FLORIDA</b>	
Zip <b>32607</b>	Country <b>USA</b>	Zip <b>32607</b>	Country <b>USA</b>
4. FEI Number <b>32-0148437</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>STOCKMAN, JAMES J 20725 SW 46TH AVENUE NEWBERRY, FL 32669</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 		SIGNATURE 	
Signature, typed or printed name of registered agent and life if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <b>2/22/06</b>		DATE	
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	MGRM	TITLE	
NAME	SHD DEVELOPMENT, LLC	NAME	
STREET ADDRESS	20725 SW 46TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY, FL 32669	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	
NAME	HIDDEN COAST DEVELOPMENT, LLC	NAME	
STREET ADDRESS	552 SW MANATEE TERRACE	STREET ADDRESS	
CITY-ST-ZIP	FORT WHITE, FL 32038	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<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: 		SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date		Date	
		2/22/06	
Daytime Phone #		352 333-9333	

3000000



01052006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

30002518

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

ROYAL COAST OF SUWANNEE, LLC  
7328 WEST UNIVERSITY AVENUE  
SUITE G  
GAINESVILLE, FL 32607 US

Subject: ROYAL COAST OF SUWANNEE, LLC

Reference Number: **L05000044944**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD  
ANNUAL REPORTS SECTION