

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90085 004 ****55.00

DOCUMENT # L05000047845					
1. Entity Name SUNCOAST FIELD SERVICES, LLC					
Principal Place of Business 6550 BROOKLYN BAY ROAD KEYSTONE HEIGHTS, FL 32656			Mailing Address 6550 BROOKLYN BAY ROAD KEYSTONE HEIGHTS, FL 32656		
2. Principal Place of Business 6550 Brooklyn Bay Rd.		3. Mailing Address P.O. Box 1052			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Keystone Heights FL		City & State Keystone Heights, FL		4. FEI Number 20-2840112	
Zip 32656 Country US		Zip 32656 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARR, LEONARD B 6548 BROOKLYN BAY ROAD LEYSTONE HEIGHTS, FL 32656			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reappointing) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CARR, LEONARD B 6548 BROOKLYN BAY ROAD KEYSTONE HEIGHTS, FL 32656		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <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	
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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: <i>Leonard B Carr</i>			8-2-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		