

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047955

FILED
Apr 28, 2006
Secretary of State

Entity Name: FIRST COAST FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

8375 BAYMEADOWS WAY
UNIT #2
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8375 BAYMEADOWS WAY
UNIT #2
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-2839952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SWANN, MARJORIE L
8375 BAYMEADOWS WAY
UNIT #2
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SWANN, MARJORIE L
Address: 8375 BAYMEADOWS WAY, UNIT #2
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: GETMAN, JEREMY T
Address: 8375 BAYMEADOWS WAY, UNIT #2
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: SWANN, CLAUDE E
Address: 8375 BAYMEADOWS WAY, UNIT #2
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: KAUFMAN, ROBERT T
Address: 8375 BAYMEADOWS WAY, UNIT #2
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARJORIE L SWANN

MGRM

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date