

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055019

FILED  
Feb 08, 2006  
Secretary of State

Entity Name: SUNCOAST ROYAL INVESTMENTS, LLC

**Current Principal Place of Business:**

425 CHRISTINE DRIVE  
RIDGELAND, MS 39157

**New Principal Place of Business:**

**Current Mailing Address:**

425 CHRISTINE DRIVE  
RIDGELAND, MS 39157

**New Mailing Address:**

FEI Number: 20-3205370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENDER, CHRIS S  
8496 YORKE ROAD  
WELLINGTON, FL 33414      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: MGR      ( ) Delete  
Name: MCCLAIN, MCCLAIN, MC, CLAIN, INC.  
Address: P.O. BOX 2128  
City-St-Zip: RIDGELAND, MS 39158

Title: MGR      ( ) Delete  
Name: CR HARE, INC.,  
Address: 14103 DEER RUN STREET  
City-St-Zip: MAGNOLIA, TX 77355

Title: MGR      ( ) Delete  
Name: R.B.V., INC.,  
Address: P.O. BOX 2128  
City-St-Zip: RIDGELAND, MS 39158

Title: MGR      ( ) Delete  
Name: RCS, INC.,  
Address: P.O. BOX 2128  
City-St-Zip: RIDGELAND, MS 39158

Title: MGR      ( ) Delete  
Name: CHRIANE, INC.,  
Address: 8496 YORKE ROAD  
City-St-Zip: WELLINGTON, FL 33414

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

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

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: CLARK SPENCER

CFO

02/08/2006

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