

From: Brenda Johnson Fax: +1 (866) 639-3342

To: Tom Whittaker

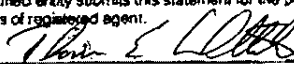
Fax: +1 (941) 493-325

FILED
Aug 18, 2008 8:00 am
Secretary of State

07-10-2008 90054 023 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

7/11

DOCUMENT # L05000062675			
1. Entity Name NEW SUNCOAST HOMES, LLC			
Principal Place of Business 164 CLEAR LAKE DRIVE ENGLEWOOD, FL 34223		Mailing Address 475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 164 Clear Lake Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Englewood, FL	
Zip	Country	Zip	Country
34223			
6. Name and Address of Current Registered Agent KELLEY, GOLDBERG, LEACH & COHN, PL 475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Dowd, Whittaker & Associates, CPAs, PA Street Address (P.O. Box Number is Not Acceptable) 1521 S. Tamiami Trail, Suite 303 City Venice FL Zip Code 34285-5567	
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  DATE 8/13/08 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing.)			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JOHNSON, MARK 164 CLEAR LAKE DRIVE ENGLEWOOD, FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JOHNSON, BRENDA K 164 CLEAR LAKE DRIVE ENGLEWOOD, FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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:  DATE 7-7-08 941-735-9380 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			