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Secretary of State
03-27-2007 90204 011 ****50.00

30004667

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000068330

1. Entity Name
SUNCOAST FOUR LLC

Principal Place of Business
189 NASSAU STREET SOUTH
VENICE, FL 34285 US

Mailing Address
189 NASSAU STREET SOUTH
VENICE, FL 34285 US

DO NOT WRITE IN THIS SPACE

03062007No Chg-LLC CR2E083 (11/05)

4. FEI Number
51-0548703
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PREIKSAT, JON
17 GULF MANOR DRIVE
VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member
NAME	BILLS, MARK M DMD
STREET ADDRESS	189 NASSAU STREET SOUTH
CITY-ST-ZIP	VENICE, FL 34285
TITLE	Managing member
NAME	Jack D. Schoonover
STREET ADDRESS	374 Roseling Circle
CITY-ST-ZIP	Venice, FL 34293
TITLE	Managing Member
NAME	Stephen Olson
STREET ADDRESS	12927 Bidleman Road
CITY-ST-ZIP	Three Rivers, MI 49093
TITLE	Managing Member
NAME	Phil Metcalfe
STREET ADDRESS	12524 Downing Place
CITY-ST-ZIP	Brimfield, IL 61517
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Mark M Bills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #