


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L05000068330 1. Entity Name SUNCOAST FOUR LLC |  |
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|---|---|
| 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



04232008No Chg-LLC CR2E083 (12/07)

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|---|--|
| 4. FEI Number 51-0548703 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BILLS, MARK M DMD 189 NASSAU STREET SOUTH VENICE, FL 34285 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHOONOVER, JACK D 374 ROSELING CIR VENICE, FL 34293 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OLSON, STEPHEN 12927 BIDLEMAN RD THREE RIVERS, MI 49093 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM METCALFE, PHIL 12524 DOWNING PLACE BRIMFIELD, IL 61517 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

U00000943890
05/23/08-80077-023 138.75

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