

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000069268

**FILED**  
**Dec 03, 2012**  
**Secretary of State**

**Entity Name:** SUNCOAST ESTATES FL LLC

**Current Principal Place of Business:**

10507 BARTONIA COURT  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

10881 STRADA LANE  
208  
TRINITY, FL 34655

**Current Mailing Address:**

10507 BARTONIA COURT  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

10881 STRADA LANE  
208  
TRINITY, FL 34655

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

OSBORNE, DAVID R  
10507 BARTONIA COURT  
NEW PORT RICHEY, FL 34655 US

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

OSBORNE, DAVID R  
10881 STRADA LANE  
208  
TRINITY, FL 34655 US

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: DAVID R OSBORNE

12/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OSBORNE, DAVID R  
Address: 10881 STRADA LANE APT 208  
City-St-Zip: TRINITY, FL 34655 US

Title: MGRM  
Name: HOLLEY, DEBRA M  
Address: 3129 OYSTER BAYOU WAY  
City-St-Zip: CLEARWATER, FL 33759 US

Title: MGRM  
Name: BAKER, GARY H  
Address: 3001 EXECUTIVE DRIVE, SUITE 390  
City-St-Zip: CLEARWATER, FL 33762 US

Title: MGRM  
Name: SAMSON, FREDERIC  
Address: 4294 14TH LANE NE  
City-St-Zip: ST. PETERSBURG, FL 33703 US

I hereby 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: DAVID R OSBORNE

MGRM

12/03/2012

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