2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000070824

1. Entity Name

ENTRUST GULF COAST, LLC



Mar 14, 2008 08:00 AN Secretary of State

Principal Place of Business

451 CENTRAL PARK DRIVE LARGO, FL 33771 US Mailing Address

451 CENTRAL PARK DRIVE LARGO, FL 33771 US



03072008 No Chg-LLC

CR2E083 (12/07)

FILED

4. FEI Number 20-3165645 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CALLAHAN, JACK 451 CENTRAL PARK DRIVE LARGO, FL 33771

DO NOT WRITE

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	MGR	···			
NAME	CALLAHAN, JACK				
STREET ADDRESS	451 CENTRAL PARK DRIVE		•		
CITY -ST - ZIP	LARGO, FL 33771	'			

MGR TITLE OWENS, DAVID NAME STREET ADDRESS 12853 BANYAN CREEK DRIVE CITY-ST-ZIP FT MYERS, FL 33908 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000857987 04/01/08-80027-006 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 cath; 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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/2/28

Daytime Phone #