2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077541

Title:

Name:

Address:

City-St-Zip:

MGRM

() Delete

REVENNAUGH, MICHAEL B

5309 MASQUERO RD.

SPRING HILL, FL 34606

Entity Name: WESTCOAST PROPERTIES OF FLORIDA LLC

FILED Mar 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6309 S. ROBERTS AVE 323 132ND AVE EAST **UNIT A** TAMPA, FL 33612 TAMPA, FL 33616 **Current Mailing Address: New Mailing Address:** P.O. BOX 26013 **TAMPA, FL 33623** FEI Number: 20-1708607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KACHELSKI, MICHAEL J KACHELSKI, MICHAEL J 6309 S. ROBERTS AVE 323 132ND AVE TAMPA, FL 33612 **UNIT A** US TAMPA, FL 33616 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: MICHAEL KACHELSKI 03/20/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete KACHELSKI, MICHAEL J Name: Name: P.O. BOX 26013 Address: Address: City-St-Zip: TAMPA, FL 33623 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FANGIO, JOHN A JR Name: Address: 7521 PINEHURST DR. Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FANGIO, JOHN M SR Name: Name: 11290 ORANGEWOOD CT. Address: Address: City-St-Zip: SPRING HIL, FL 34609 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: MICHAEL KACHELSKI MGMR 03/20/2006