2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# L05000082127

Entity Name: FIRST COAST INVESTMENT GROUP OF SWITZERLAND LLC

Current Principal Place of Business:

3180 STATE ROAD 13
JACKSONVILLE, FL 322599267

New Principal Place of Business:

Current Mailing Address:

3180 STATE ROAD 13
JACKSONVILLE, FL 322599267

New Mailing Address:

FEI Number: 43-2088068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTEN, JOE ROBERT JR
3180 STATE ROAD 13
JACKSONVILLE, FL 322599267 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	PATTEN, JOE ROBERT JR	
Address:	3180 STATE ROAD 13	
City-St-Zip:	JACKSONVILLE, FL 322599267	
Title:	MGRM	( ) Delete
Name:	PATTEN, MELANIE S	
Address:	204 EAST SOUTH STREET, UNIT 6044	
City-St-Zip:	ORLANDO, FL 32801	
Title:	MGRM	( ) Delete
Name:	PATTEN, JOE ROBERT III	
Address:	1201 LOCH TANNA LOOP	
City-St-Zip:	JACKSONVILLE, FL 32259	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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.

SIGNATURE: JOEY PATTEN MGR 01/16/2007

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