


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90020 027 \*\*\*138.75

<b>DOCUMENT # L05000085676</b>	
1. Entity Name <b>FIRST COAST TRADING AND IMPORTS, LLC</b>	

Principal Place of Business <b>3824 DRAYTON MILL COURT JACKSONVILLE, FL 32224</b>	Mailing Address <b>3824 DRAYTON MILL COURT JACKSONVILLE, FL 32224</b>
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2. Principal Place of Business - No P.O. Box # <b>13897 Sunrise LK Ct</b>	3. Mailing Address <b>13897 Sunrise LK Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32224</b>	Zip <b>32224</b>
Country <b>Duval</b>	Country <b>Duval</b>



01052008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3446643</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>WATSON, TODD</b>
<b>7785 BAYMEADOWS WAY SUITE 107</b>
<b>JACKSONVILLE, FL 32256</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b>	<b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHEE, CARANEAN 3824 DRAYTON MILL COURT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHEE, WILLIAM R 3824 DRAYTON MILL COURT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13897 Sunrise Lake Ct JACKSONVILLE, FL 32224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13897 Sunrise Lake Ct JACKSONVILLE, FL 32224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

**SIGNATURE:** *Carman R. Behe* **1/5/08** **220-7574**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #