

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105510

FILED
Feb 02, 2007
Secretary of State

Entity Name: FIRST COAST ASSOCIATION MANAGEMENT, LLC

Current Principal Place of Business:

11555 CENTRAL PARKWAY, SUITE 1103
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

11555 CENTRAL PARKWAY, SUITE 1103
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3823291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOREY, MARGARET W CFO
2217 MILLER OAKS DRIVE N.
JACKSONVILLE, FL 32217 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: MWVS INVESTMENTS INCO, RPORATED
Address: 2217 MILLER OAKS DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGR () Delete
Name: FIRST COAST COMMUNIT, Y ASSOCIATION M ANAGEME
Address: 11555 CENTRAL PARKWAY, SUITE 1103
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HUBBARD, ALICE
Address: 11555 CENTRAL PARKWAY, SUITE 1103
City-St-Zip: JACKSONVILLE, FL 32224

Title: CFO (X) Change () Addition
Name: STOREY, MARGARET W
Address: 11555 CENTRAL PARKWAY, SUITE 1103
City-St-Zip: JACKSONVILLE, FL 32224

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: MARGARET STOREY

CFO

02/02/2007

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