

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90367 015 ****55.00

DOCUMENT # L05000113689					
1. Entity Name PALM COAST BEACH PROPERTIES, LLC					
Principal Place of Business 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054			Mailing Address P.O. BOX 238 LAKE BUTLER, FL 32054		
2. Principal Place of Business - No P.O. Box # 12469 W. SR 100		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Butler Florida		City & State		4. FEI Number 20-3843738	
Zip 32054		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, AVERY C 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12469 West SR 100 City Lake Butler FL Zip Code 32054		
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 <u>Avery C. Roberts</u> DATE <u>4-19-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME ROBERTS, TWYLA J STREET ADDRESS 4121-A NW 37TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME WOODINGTON, PAMELA STREET ADDRESS 635 E MAIN ST CITY-ST-ZIP LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 608, Florida Statutes.					
SIGNATURE: <u>Avery C. Roberts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4-19-07</u>		Daytime Phone # <u>386-496-3509</u>