


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90274 011 ****50.00

DOCUMENT # L05000122751					
1. Entity Name FIRST COAST MANAGEMENT ASSOCIATES LLC					
Principal Place of Business 5341 SW 91ST TERRACE SUITE A GAINESVILLE, FL 32608 US			Mailing Address 5341 SW 91ST TERRACE SUITE A GAINESVILLE, FL 32608 US		
2. Principal Place of Business - No P.O. Box # 1861 Paradise Moorings Blvd		3. Mailing Address 1861 Paradise Moorings Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Middleburg, FL		City & State Middleburg, FL		4. FEI Number 65-1265369	
Zip 32068		Country Clay US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent EMMERICH, WILLIAM 5341 SW 91ST TERRACE SUITE A GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1861 Paradise Moorings Blvd City Middleburg FL Zip Code 32068		
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>Vivian Starnes</u> DATE <u>1/23/2007</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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM EMMERICH, WILLIAM 5341 SW 91ST TERRACE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1861 Paradise Moorings Blvd Middleburg, FL 32068	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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	
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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>Vivian Starnes</u>			Date <u>1/23/2007</u> Daytime Phone # <u>904-885-2458</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					