

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020274

FILED
May 15, 2009
Secretary of State

Entity Name: SUNCOAST MANAGEMENT, LLC

Current Principal Place of Business:

8255 WESTLAKE DRIVE
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

111 SOUTHLAKE CIRCLE
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

8255 WESTLAKE DRIVE
WEST PALM BEACH, FL 33406 US

New Mailing Address:

111 SOUTHLAKE CIRCLE
ST. AUGUSTINE, FL 32084 US

FEI Number: 45-0546798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOTTOWE, KYM M
8255 WESTLAKE DRIVE
WEST PALM BEACH, FL 33406 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: MGRM () Delete
Name: HOTTOWE, MICHAEL C
Address: 8255 WESTLAKE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: MGRM () Delete
Name: HOTTOWE, KYM
Address: 8255 WESTLAKE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406 US

ADDITIONS/CHANGES:

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 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: MICHAEL HOTTOWE

MR

05/15/2009

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