

DOCUMENT# L06000040911

FILED
Apr 27, 2008
Secretary of State

Entity Name: SUNCOAST DEVELOPMENT OF EDGEWATER, LLC.

Current Principal Place of Business:

186 FLAMINGO ROAD
EDGEWATER, FL 32141

New Principal Place of Business:**Current Mailing Address:**

186 FLAMINGO ROAD
EDGEWATER, FL 32141

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HALL, MARK R ESQ.
125 FAULKNER STREET
NEW SMYRNA BEACH, FL 32168 US

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: WHITE, MARK D
Address: 186 FLAMINGO ROAD
City-St-Zip: EDGEWATER, FL 32141

Title: MGRM () Delete
Name: WHITE, PATRICIA
Address: 186 FLAMINGO ROAD
City-St-Zip: EDGEWATER, FL 32141

Title: MGRM () Delete
Name: ROBERTS, KEVIN M
Address: 186 FLAMINGO ROAD
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WHITE, PATRICIA M
Address: 186 FLAMINGO ROAD
City-St-Zip: EDGEWATER, FL 32141

Title: MGRM (X) Change () Addition
Name: WHITE, RYAN D
Address: 186 FLAMINGO ROAD
City-St-Zip: EDGEWATER, FL 32141

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: PATRICIA M. WHITE

MGR

04/27/2008

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