## FILED May 01, 2008 8:00 am Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT	Se
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		71111071						$\sim$ CCI CV.	$\sim$	
DOCUMENT # L06000042443  1. Entity Name WEST COAST PROPERTY INVESTMENTS, LLC						05-01-2008 90040 049 ***138.75				
Principal Plac	e of Business	3	Mailing Address				Ì	งบบง	56660	
1239 MACHERAL AVENUE			1239 MACHERAL AVENUE							
SARASOTA, FL 34243			SARASOTA, FL 34243							
							1 25521591	III GBAB BIIM BBIII BBIN BGM	r Beill Bille llen Besil Biller	H1881 III 1981
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02282008	Chg-LLC	CR2E083 (12/06	<b>;</b> )	
City & State			City & State			4. FEI Numb 20-478		<b>⊢</b> +	Applied For Not Applicable	
Zip		Country	Zip	Zip Country			Certificate of Status Desired			
	6. Name	and Address of Current R	legistered Agent				7. Name an	d Address of New R	agistered Agent	
CATELY	TEDECA				Name					
GATELY, 1239 MAC		/ENUE			Street A	ddress (I	(P.O. Box Number is Not Acceptable)			
SARASOT									<u> </u>	
	.,									
					City				Zip Co	de
	:	<del> </del>					_			
the obligat	named entity tions of registe	submits this statement for ered agent.	the purpose of changing its	register	ed office o	r registeri	ed agent, or bi	oth, in the State of Flo	rida. I am familiar with	n, and accept
SIGNATURE										
SIGNATORE	Signature, lyped	or printed name of registered agent ar	d litte if applicable (NOTE	E: Registere	d Agent signat	ure required	when reinstating)		DATE	
FILE After May	: NOW!!!   / 1, 2008	FEE IS \$138.75 Fee will be \$538.75						f .	e check payable to Department of Sta	
9.		MANAGING MEMBER	IS/MANAGERS	10.		_		ADDITIONS/	CHANGES	
TITLE	MGR		☐ Detete	TITL		Y				Addition
NAME	GATELY,	TERESA :		NAM	E	Sau	lires,	TEROSA .		_
STREET ADDRESS	1239 MAC	HERAL AVENUE		STRE	E1 ADDRESS	123	9 MAC	heral 40	enue	
CITY-ST-ZIP	SARASOT	A, FL 34237		CITY	-S1-ZIP	541	RASOT	Terosa horal Au n, 7L 3	14237	
TITLE	MGR		Delete	TITLE	Ē			,	☐ Change	Addition
NAME	ROE, KAT			NAM						
STREET ADDRESS CITY-ST-ZIP		HERAL AVENUE			ET ADDRESS - ST - ZIP					
	SARASUI	A, FL 34237				w				<u> </u>
TITLE NAME			☐ Delete	TATLE		KT.	ines (	BM45	☐ Change	X Addition
STREET ADDRESS				(4/5)4/	ET ADDRESS	A	MAC	TERAT AND	Nuc	
CITY-ST-ZIP	ļ				- S1 - ZIP	SAG	A5a+4	TL 3423	1	
TITLE			☐ Delete	TITLE		-	••••		☐ Change	Addition
NAME				NAM					orange	
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-2IP				CITY	-S1 - Z#P					
TITLE			Delete	TITLE					☐ Change	☐ Addition
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS   - St - Zip					,
TITLE		w-								
NAME			☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS				1	ET ADDRESS					
CITY-ST-ZIP					- \$1 - ZIP					
	Lertify that the	information supplied with t	his filing does not qualify for			ntained :	n Charter 110	Florida Statutas 14:	ethor postification at a fe-	lermetie -
+naicatea	on this report	t is true and accurate and ti	hat my signature shall have i	the same	e legal effe	ct as if m	ade under oat	h: that I am a manag	iner certify that the inf ing member or manaç	per of the
limited lia	bility compan	y or the receiver or trustee	empowered to execute this	report as	required t	by Chapt	er 608, Florida	Statutes.		
	-	T							_	
SIGNAT	URE: 🗚	line former	SIGNING MANAGING MEMBER, MAN	54	Sou	1755		2-28-08		
	SIGNATURE A	NU ITPEUTOR POINTED NAME OF	SIGNING MANAGING MEMBER, MAN	AGER, OR	AUZHORIZED	REPRESE	NTATIVE	Date	Daytime Phone #	