


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90422 040 \*\*\*\*50.00

<b>DOCUMENT # L06000068909</b>	
1. Entity Name <b>SUNCOAST MASTERCRAFT, LLC</b>	

Principal Place of Business <b>2959 EDGEWOOD LANE SARASOTA, FL 34231 US</b>	Mailing Address <b>PO BOX 1602 OSPREY, FL 34229 US</b>
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**60050661**



2. Principal Place of Business - No P.O. Box # <b>3842 Hawkeye Circle</b> Suite, Apt. #, etc.	3. Mailing Address <b>3842 Hawkeye Circle</b> Suite, Apt. #, etc.
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01252007 Chg-LLC CR2E083 (12/06)

City & State <b>Sarasota FL</b>	City & State <b>Sarasota FL</b>
Zip <b>34232</b>	Country <b>USA</b>
Zip <b>34232</b>	Country <b>USA</b>

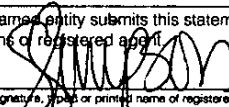
4. FEI Number <b>20-5187986</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>SIMPSON, STEPHANIE M 2959 EDGEWOOD LANE SARASOTA, FL 34231</b>	
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7. Name and Address of New Registered Agent Name <b>SIMPSON, STEPHANIE M</b> Street Address (P.O. Box Number is Not Acceptable) <b>3842 Hawkeye Circle</b> City <b>Sarasota</b> FL Zip Code <b>34232</b>	
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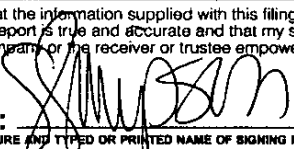
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMPSON, STEPHANIE M 2959 EDGEWOOD LN SARASOTA, FL 34231 <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	MGR SIMPSON, SCOT C 2959 EDGEWOOD LN SARASOTA, FL 34231 <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
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:  4/1/07 941-735-4506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #