

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108205

Entity Name: GOLD COAST OASIS, LLC

FILED
Jun 22, 2007
Secretary of State

Current Principal Place of Business:

12746 MAJORAMA DRIVE
ORLANDO, FL 32837

New Principal Place of Business:

12318 UNIVERSITY MALL COURT #5
TAMPA, FL 33612

Current Mailing Address:

12746 MAJORAMA DRIVE
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-5427775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

HOSSAIN, IMAM
12746 MAJORAMA DRIVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

IMAM, HOSSAIN A
12746 MAJORAMA DRIVE
ORLANDO, FL 32837 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: HOSSAIN IMAM

06/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOSSAIN, MOHAMMED M
Address: 9803 53RD AVENUE
City-St-Zip: COLLEGE PARK, MD 20740

Title: MGRM () Delete
Name: HOSSAIN, IMAM
Address: 12746 MAJORAMA DRIVE
City-St-Zip: ORLANDO, FL 20837

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: IMAM, HOSSAIN A
Address: 12746 MAJORAMA DRIVE
City-St-Zip: ORLANDO, FL 20837

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: HOSSAIN IMAM

MGR

06/22/2007

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