2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L07000043463

Entity Name: P.C. COGGINS & ASSOCIATES, L.L.C.

Current Principal Place of Business:

744 VASSAR RD.
DELAND, FL 32724

New Principal Place of Business:

140 SADDLEBROOK WAY
DELAND, FL 32724

Current Mailing Address:

P.O. BOX 3492
DELAND, FL 32723

New Mailing Address:

FEI Number: 26-0404346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COGGINS, PATRICK C DR.
744 VASSAR RD.
DELAND, FL 32724 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:	MGR	( ) Delete
Name:	COGGINS, PATRICK C DR.	
Address:	744 VASSAR RD.	
City-St-Zip:	DELAND, FL 32724	
Title:	MGR	( ) Delete
Name:	DALY, BARRY DR.	
Address:	P.O. BOX 364	
City-St-Zip:	GOTHA, FL 34734	
Title:	MGR	( ) Delete
Name:	THOMSON, MELVIONA MRS	
Address:	1195 HEIDI COURT	
City-St-Zip:	DELAND, FL 3272O	
Title:	MGR	( ) Delete
Name:	GIDDARIE, MARK MR	
Address:	4910 WATERS EDGE TRAIL	
City-St-Zip:	ROSWELL, GA 30075	
Title:	MGRM	( ) Delete
Name:	LEAHY, ROBERT DR.	
Address:	416 N. SANS SOUCI AVENUE	
City-St-Zip:	DELAND, FL 32720	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DR.PATRICK C. COGGINS MGR 04/15/2009

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