

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045360

FILED
Mar 03, 2009
Secretary of State

Entity Name: SUNCOAST INTERACTIVE SYSTEMS, LLC

Current Principal Place of Business:

446 SOUTH TAMIAMI TRAIL
SECOND FLOOR
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

446 SOUTH TAMIAMI TRAIL
SECOND FLOOR
VENICE, FL 34285

New Mailing Address:

FEI Number: 26-3002749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHISNANT, RICHARD E
446 SOUTH TAMIAMI TRAIL
SECOND FLOOR
VENICE, FL 34285 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: MGRM () Delete
Name: ROTH, WILLIAM G
Address: 446 SOUTH TAMIAMI TRAIL, SECOND FLOOR
City-St-Zip: VENICE, FL 34285

Title: MGRM () Delete
Name: WHISNANT, RICHARD E
Address: 446 SOUTH TAMIAMI TRAIL, SECOND FLOOR
City-St-Zip: VENICE, FL 34285

Title: MGRM () Delete
Name: DENSMORE, TAMARA L
Address: 446 SOUTH TAMIAMI TRAIL, SECOND FLOOR
City-St-Zip: VENICE, FL 34285

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:

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: JEANETTE FRUHMANN

MGR

03/03/2009

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