

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109256

FILED
Feb 26, 2009
Secretary of State

Entity Name: FIRST COAST FINANCIAL ADVISORS, LLC

Current Principal Place of Business:

400 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

400 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 320843587

Current Mailing Address:

400 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32084

New Mailing Address:

400 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 320843587

FEI Number: 20-0847252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILES, DOUGLAS F
400 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

WILES, DOUGLAS F
400 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 320843587 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: DOUGLASS F WILES

02/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P&S () Change (X) Addition
Name: HELMS, JEFFREY W
Address: 201 OAK COMMON
City-St-Zip: ST AUGUSTINE, FL 32095

Title: VP () Change (X) Addition
Name: BIRNEY, JOHN T
Address: 116 BREEZE HILL LN
City-St-Zip: PALM COAST, FL 32137

Title: VP () Change (X) Addition
Name: GREELEY, MICHAEL J
Address: 324 CHICASAW CT
City-St-Zip: ST JOHNS, FL 32259

Title: VP () Change (X) Addition
Name: LOHR, DONALD J
Address: 4208 WICKS LN
City-St-Zip: ST AUGUSTINE, FL 32086

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: DOUGLASS F WILES

RA

02/26/2009

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