

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000117096

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA COAST COTTAGES LLC

**Current Principal Place of Business:**

10021 GULF BLVD.  
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 123  
INDIAN ROCKS BEACH, FL 33785 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEBIN, JAMES B  
10021 GULF BLVD.  
TREASURE ISLAND, FL 33706 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  
**Name:** HEBIN, JAMES B  
**Address:** 10021 GULF BLVD.  
**City-St-Zip:** TREASURE ISLAND, FL 33706 US

**Title:** MGRM  
**Name:** HEBIN, MELISSA M  
**Address:** 3801 SOUTHWEST 13TH STREET, UNIT C-224  
**City-St-Zip:** GAINESVILLE, FL 32608 US

I hereby 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:** JAMES B HEBIN

MGRM

02/05/2010

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