

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90449 036 ****50.00

DOCUMENT # L99000001276 1. Entity Name FIRST COAST INVESTMENT REALTY, L.L.C.					
Principal Place of Business 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082			Mailing Address 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business 1200 SHETTER AVE Suite, Apt. #, etc.		3. Mailing Address 1200 SHETTER AVE Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">24049665</div>	
City & State JACKSONVILLE Bch, FL		City & State JACKSONVILLE Bch, FL		4. FEI Number 59-3560656	
Zip 32250		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNER, TIMOTHY 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1200 SHETTER AVE City JACKSONVILLE Bch FL Zip Code 32250		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Timothy Benner 4/19/04 <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRSCHMAN, ARTHUR 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 SHETTER AVE JACKSONVILLE Bch, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNER, TIM 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 SHETTER AVE JACKSONVILLE Bch, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Timothy Benner 4/19/04 904-273-1111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					