

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90371 032 ****50.00

DOCUMENT # L99000001276

1. Entity Name
FIRST COAST INVESTMENT REALTY, L.L.C.



Principal Place of Business
**1185 SHUTTER AVE
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**PO BOX 2766
PONTE VEDRA BEACH, FL 32004**

60038843



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

1160 SHETTER AVE

Suite, Apt. #, etc.

02132007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
59-3560656

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIRSCHMAN, ARTHUR
629 PALMERA DR EAST
PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**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
629 PALMERA DR EAST
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BENNER, TIM
1200 SHETTER AVE
JACKSONVILLE BEACH, FL 32250** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Arthur Kirschman

4/18/07

Date

Daytime Phone #