


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

01-14-2008 90047 041 ***143.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001747		
1. Entity Name G. S. COATS, P.E., AND ASSOCIATES, L.C.		

Principal Place of Business 155 LA PASADA CIR. PONTE VEDRA BEACH, FL 32082	Mailing Address C/O MAILMASTERS @ PMB# 163 226 SOLANA ROAD - SUITE # 5 PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 155 LA PASADA CIR S. Suite, Apt. #, etc.
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City & State PONTE VEDRA, FL	City & State PONTE VEDRA, FL
Zip 32082	Country USA



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3562589	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	

7. Name and Address of New Registered Agent	
Name GUS SYMMES COATS	
Street Address (P.O. Box Number is Not Acceptable) 155 LA PASADA CIR S	
City PONTE VEDRA	State FL
Zip 32082	Zip Code 32082

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 <i>See below</i>	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COATS, GUS S 155 LA PASADA CIR. PONTE VEDRA BEACH, FL 32082 <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	MGRM COATS, NANCY L 155 LA PASADA CIR. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <i>Gus Symmes Coats</i>	Date 1-7-2008	Daytime Phone # 904-273-4636
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