


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90015 023 ****50.00

DOCUMENT # M00000001076 1. Entity Name SUN COAST REGIONAL, L.L.C.					
Principal Place of Business 6900 S. GRAY ROAD INDIANAPOLIS, IN 46237			Mailing Address 6900 S. GRAY ROAD INDIANAPOLIS, IN 46237		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 35-2108021				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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 _____ <small>Signature, typed or printed name of registered agent and title 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	MEM EJJ6900, LLC 6900 S. GRAY RD. INDIANAPOLIS, IN 46237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM/MGR Wessley E. Jackson 6900 S. Gray Road Indianapolis, IN 46237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, BLAKE A 6900 S. GRAY RD. INDIANAPOLIS, IN 46237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM/MGR Blake A. Jackson 6900 S. Gray Road Indianapolis, IN 46237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, WESLEY E 6900 S. GRAY RD. INDIANAPOLIS, IN 46237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM/MGR Kyle E. Jackson PMB 200 4093 Diamond Ruby Ste 7 Christiansted, USVI 00820	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, KYLE E PMB 200, 4093 DIAMOND RUBY STE 7 CHRISTIANSTED, VI 00820	<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	MGR JACKSON, ETHAN PO BOX 4870, KINGSHILL ST. CROIX, US 00851	<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: <i>Teresa C. Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1-14-04 Daytime Phone # 317-783-5461		

Teresa C. Williams, Atty & Authorized Rep.