

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

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



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

35-2108021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	GR
NAME	JACKSON, WESSLEY E
STREET ADDRESS	6900 S. GRAY RD.
CITY-ST-ZIP	INDIANAPOLIS, IN 46237
TITLE	GR
NAME	JACKSON, BLAKE A
STREET ADDRESS	6900 S. GRAY RD.
CITY-ST-ZIP	INDIANAPOLIS, IN 46237
TITLE	GR
NAME	JACKSON, KYLE E
STREET ADDRESS	PMB 200 4093 DIAMOND RUBY, STE 7
CITY-ST-ZIP	CHRISTIANSTED, VI 00820
TITLE	MGR
NAME	JACKSON, KYLE E
STREET ADDRESS	PMB 200, 4093 DIAMOND RUBY STE 7
CITY-ST-ZIP	CHRISTIANSTED, VI 00820
TITLE	MGR
NAME	JACKSON, ETHAN
STREET ADDRESS	PO BOX 4870, KINGSHILL
CITY-ST-ZIP	ST. CROIX, US 00851
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000177460
01/11/05-80043-012.50.00

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

1/7/05 3177835461