2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000002040

1. Entity Name

FIRST COAST PROPELLER, L.L.C.



FILED Mar 17, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

404 S. RIBERIA ST

SAINT AUGUSTINE, FL 32084-5108

54 SHREWSBURY AVE RED BANK, NJ 07701



03102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2302165

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

LUHRS, JOHN H 404 S RIBERIA ST ST AUGUSTINE, FL 32084-5108

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| • | | |
|--|---|--|
| Signature, typed or printed name of registered agent and title if applicable | (NOTE Registered Agent signature required when reinstating) | DATE |
| SIGNATURE | | |
| ind obligations of regulation again. | | |
| the obligations of registered agent. | anging its registered office of registered agent, or both, | in the diate of forda. Tan familial with, and decept |

8. The above gamed entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Lam familiar with and accent

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LUHRS, JOHN H 404 S RIBERIA ST ST AUGUSTINE, FL 320845108 |
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MANAGING MEMBERS/MANAGERS

000000860491 04/02/08-80065-002 138.75

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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 printing employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

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904-834-4394

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