# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 06, 2007**
**Secretary of State**

DOCUMENT# M06000002207

**Entity Name:** FLORIDA GULF COAST, LLC

**Current Principal Place of Business:**

1217 US HWY. 19
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

1217 US HWY. 19
HOLIDAY, FL 34691

**New Mailing Address:**

**FEI Number: 20-4091479** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEIGHNER, MARK R
1217 US HIGHWAY 19
HOLIDAY, FL 34691 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGRM | ( ) Delete |
| Name: | BUREK, BUREK | |
| Address: | 1217 US 19 | |
| City-St-Zip: | HOLIDAY, FL 34691 | |
| Title: | MGRM | ( ) Delete |
| Name: | COUTO, TERRY | |
| Address: | 404 TAMPA ROAD | |
| City-St-Zip: | PALM BEACH, FL 34683 | |
| Title: | MGRM | ( ) Delete |
| Name: | DEBOER, MICHAEL | |
| Address: | 485 MARINER BLVD. | |
| City-St-Zip: | SPRING HILL, FL 34609 | |
| Title: | MGRM | ( ) Delete |
| Name: | MALKI, MICHAEL | |
| Address: | 120 RACE TRACK ROAD | |
| City-St-Zip: | TAMPA, FL 33626 | |
| Title: | MGRM | ( ) Delete |
| Name: | STEIGNER, MARK | |
| Address: | 1217 US 19 | |
| City-St-Zip: | HOLIDAY, FL 34691 | |
| Title: | | ( ) Delete |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

**ADDITIONS/CHANGES:**

| | | |
|---|---|---|
| Title: | MGRM | (X) Change ( ) Addition |
| Name: | STEIGHNER, MARK R PRES | |
| Address: | 1217 US 19 | |
| City-St-Zip: | HOLIDAY, FL 34691 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | MGRM | (X) Change ( ) Addition |
| Name: | BUREK, BRIAN A | |
| Address: | 1217 US 19 | |
| City-St-Zip: | HOLIDAY, FL 34691 | |
| Title: | MGRM | ( ) Change (X) Addition |
| Name: | HOSKINS, STEPHEN VP | |
| Address: | 1217 US 19 | |
| City-St-Zip: | HOLIDAY, FL 34691 | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK STEIGHNER PRES 01/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date