

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002207

FILED  
Mar 11, 2009  
Secretary of State

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:

PO BOX 3181  
HOLIDAY, FL 34692

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: STEIGHNER, MARK R  
Address: 1217 US 19  
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM ( ) Delete  
Name: COUTO, TERRY  
Address: 5442 MILLBROOK WAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM ( ) Delete  
Name: DEBOER, MICHAEL  
Address: 485 MARINER BLVD.  
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM ( ) Delete  
Name: MALKI, MICHAEL  
Address: PO BOX 8030  
City-St-Zip: CLEARWATER, FL 33758

Title: MGRM ( ) Delete  
Name: BUREK, BRIAN A  
Address: 1217 US HWY 19  
City-St-Zip: HOLIDAY, FL 34691

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: BLAKE, FREDERICK  
Address: 1217 US HWY 19  
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify 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 R STEIGHNER

MGRM

03/11/2009

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