2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 09, 2009
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:

PO BOX 3181
HOLIDAY, FL 34692

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

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

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 STEIGHNER MGRM 04/09/2009

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