

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003105

FILED  
Feb 11, 2008  
Secretary of State

Entity Name: SUNCOAST REALTY, L.L.C.

**Current Principal Place of Business:**

3639 GULF SHORES PARKWAY, SUITE 1  
GULF SHORES, AL 36542

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 346  
GULF SHORES, AL 36547

**New Mailing Address:**

FEI Number: 20-1475116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, G. THOMAS  
510 E. ZARAGOZA STREET  
PENSACOLA, FL 32502 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: MGR ( ) Delete  
Name: JULIAN, TRAVIS  
Address: P.O. BOX 346  
City-St-Zip: GULF SHORES, AL 36547

Title: MGR ( ) Delete  
Name: ALONZO, THOMAS M  
Address: P.O. BOX 346  
City-St-Zip: GULF SHORES, AL 36547

Title: CFOB ( ) Delete  
Name: AVINGER, PATRICK L  
Address: PO BOX 346  
City-St-Zip: GULF SHORES, AL 36547

**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:

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: PATRICK AVINGER

CFOB

02/11/2008

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