

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054589

**FILED**  
**Mar 04, 2006**  
**Secretary of State**

**Entity Name:** COSMO & EINSTEIN COASTAL PROPERTIES, LLC

**Current Principal Place of Business:**

1008 -1 HOLLAND DRIVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

448 MERLIN WAY  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

1008 -1 HOLLAND DRIVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

448 MERLIN WAY  
TALLAHASSEE, FL 32301

FEI Number: 56-2471672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARR, TIFFANY A  
2514 KILLARNEY WAY  
TALLAHASSEE, FL 32309 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: RAGAINS, MEREDITH H  
Address: 1012 DELAWARE AVENUE SE  
City-St-Zip: ATLANTA, GA 30316

Title: MGR ( ) Delete  
Name: CARR, TIFFANY A  
Address: 2514 KILLARNEY WAY  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

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 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: TIFFANY CARR

MGR

03/04/2006

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