

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000012397

1. Entity Name
COASTAL VISION VENTURES, LLC



Principal Place of Business

**150 LENNELL
UNIT 501
SOUTH FORT MYERS BEACH, FL 33931**

Mailing Address

**1715 DEAN RD., SUITE B
TEMPERANCE, MI 48182**



02072007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2349634

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZIEGLER, JEFFREY M
150 LENNELL
UNIT 501
SOUTH FORT MYERS BEACH, FL 33931**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KEELER, ANTHONY A
2516 RAUCH RD
TEMPERANCE, MI 48182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZIEGLER, JEFFREY M
3185 DEER CREEK
LAMBERTVILL, MI 48144**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BAUMAN, BENJAMIN E
11475 JENNINGS DR.
PETERSBURG, FL 49270**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000645749
03/06/07-80001-017 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/19/07

Date

(419)297-5708

Daytime Phone #