
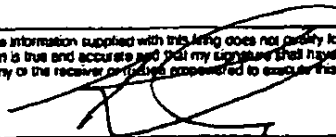


**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90057 001 \*\*\*150.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L06000073298</b>			
1. Entity Name <b>COLDFOOT HOLDINGS, LLC</b>			
Principal Place of Business <b>20 HILL AVENUE, NORTHWEST FT. WALTON BEACH, FL 32548 US</b>		Mailing Address <b>20 HILL AVENUE, NORTHWEST FT. WALTON BEACH, FL 32548 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04152007 Chg-LLC CR2E083 (12/08)		4. FEI Number <b>20-5260131</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>COOK, KENNETH R 20 HILL AVENUE, NORTHWEST FT. WALTON BEACH, FL 32548</b>		7. Name and address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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		DATE	
SIGNATURE, typed or printed name of registered agent and fee if applicable		NOTE: Registered Agent signature required when addressing	
<b>FDing Fee is \$50.00 Due by May 1, 2007</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<i>MANAGER Kenneth R. Cook 20 Hill Avenue Fort Walton Beach, FL 32548</i>			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 proposed to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: <b>5-15-07 850 2442066</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)		Date	

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