


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

04-26-2007 90057 001 ***150.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT# L06000073308			
1. Entity Name COLDFOOT ALABAMA PROPERTIES, LLC			
Principal Place of Business 20 HILL AVENUE NORTHWEST FT. WALTON BEACH, FL 32548		Mailing Address 20 HILL AVENUE NORTHWEST FT. WALTON BEACH, FL 32548	
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
4. FEI Number 20-5260351		Applied For Not Applicable	
5. Certificate of Status Obtained <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, KENNETH R 20 HILL AVENUE NORTHWEST FT. WALTON BEACH, FL 32548		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		FL	Zip Code
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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MANAGER KENNETH R. COOK 20 HILL AVENUE FORT WALTON BEACH, FL 32548			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 liquidator of the company and to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____		5-15-07 8502442066	
SIGNATURE AND TITLE OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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