


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90306 018 \*\*\*\*50.00

<b>DOCUMENT # L00000005741</b> 1. Entity Name <b>NORTH COAST TECHNOLOGIES, L.L.C.</b>			
Principal Place of Business <b>34 AUTUMN LANE SOUTH HAMILTON, MA 01982</b>		Mailing Address <b>1201 US HWY ONE SUITE 435 NORTH PALM BEACH, FL 33408</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <i>130 Royal Fern Drive</i> <b>34 Autumn Lane</b>  Suite, Apt. #, etc.	
City & State  Zip      Country		City & State <i>Lunenburg, MA</i> <del>SOUTH HAMILTON, MA</del> Zip <i>01462</i> Country <i>USA</i>	
4. FEI Number <b>04-3520114</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KAMINSKI, CAROL ANN 1201 US HWY ONE SUITE 435 NORTH PALM BEACH, FL 33408</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	
NAME	KENNY, MICHAEL J	NAME	
STREET ADDRESS	34 AUTUMN LANE	STREET ADDRESS	
CITY-ST-ZIP	SOUTH HAMILTON, MA 01962	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGR	TITLE	
NAME	MCGRATH, MICHAEL B	NAME	
STREET ADDRESS	200 MAIN STREET, ROOM 201	STREET ADDRESS	
CITY-ST-ZIP	FALMOUTH, MA 02540	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> <i>Michael J. Kenny</i>		Date <i>1/16/07</i> Daytime Phone # <i>978 468-8097</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			