FILED
May 24, 2007 8:00 am
Secretary of State

04-17-2007 90252 031 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

DOCUMENT # L00000014972

1. Entity Name
COIN INVESTMENTS, LLC

30008791

Principal Place of Business	Mailing Address
1610 TENNESSEE AVE. LYNN HAVEN, FL 32444	1610 TENNESSEE AVE. LYNN HAVEN, FL 32444

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1701 Tennesee Ave		1701 Tennessee Ave	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.: Suite 200	
City & State: Lynn Haven, FL		City & State: Lynn Haven, FL	
Zip: 32444	Country	Zip: 32444	Country

02192007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 59-3708659 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, JEFF
1610 TENNESSEE AVE.
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 1701 Tennesee Ave Suite 200

City: Lynn Haven FL Zip Code: 32444

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TILLMAN, JEFF 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jeff Tillman 1701 Tennesee Ave Suite 200 Lynn Haven, FL 32444	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] Jeff Tillman MGR 4-5-07 850-265-1[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #