,2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000004741

1. Entity Name COASTAL RETREAT VI, LLC



FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

4300 LEGENDARY DRIVE

SUITE 204

DESTIN, FL 32541

Mailing Address

4300 LEGENDARY DRIVE

SUITE 204

DESTIN, FL 32541



01262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3755013

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

OLSON, RICHARD 4300 LEGENDARY DRIVE SUITE 204 **DESTIN, FL 32541**

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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)

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

U00000708771 04/24/07-80130-002 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON & ASSOCIATES OF NW FLORIDA, INC. 4300 LEGENDARY DRIVE STE 204 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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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 a specific or trustee.

SIGNATURE:

CITY-ST-ZIP