

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000010716 . . *

1. Entity Name

COAST TO COAST LAND DEVELOPERS, LLC



Principal Place of Business

**126 EAST OLYMPIA, STE. 301
PUNTA GORDA, FL 33950**

Mailing Address

**126 EAST OLYMPIA, STE. 301
PUNTA GORDA, FL 33950**



01192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0484025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NICKELSON, KIM
126 EAST OLYMPIA, STE. 301
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

000000128829
04/26/04-30033-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NICKELSON, KIM
126 EAST OLYMPIA, STE. 301
PUNTA GORDA, FL 33950

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BISHOP, BRAD
12577 SW KINGSWAY CIRCLE
LAKE SUZY, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HERSTON, JAMES
133 CREEK DR SE
PORT CHARLOTTE, FL 33952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/04 941-575-6758